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1 Vaccine Safety is deceiving anyone in the public  
2 that reads this statement; is that correct?  
3 A. Yes.  
4 Q. And you have explained some of the  
5 reasons that you think they might be, in their  
6 mind, justifying that deception; is that correct?  
7 A. Yes.  
8 Q. Do you have any opinion that there was  
9 anything done by any of the vaccine  
10 manufacturers to provoke this public deception  
11 that you testified to?  
12 A. Yes.  
13 Q. And what if anything do you suggest or  
14 opine that vaccine defendants did to provoke  
15 this public deception?  
16 A. The World Health Organization, our CDC,  
17 and the vaccine manufacturers are all members of  
18 the Brighton Collaboration, into which pours  
19 enormous amounts of money, some from the CDC,  
20 largely from the drug companies, and that  
21 Brighton Collaboration is set up to control and

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1 define vaccine adverse reactions and to control  
2 basically how vaccines are going to be used, and  
3 I believe that they're heavily influenced by the  
4 fact that they're funded and the fact that the  
5 members on that group are members of the vaccine  
6 producers, and that's not the only place, but  
7 that's the place where the World Health  
8 Organization is so heavily involved. I believe  
9 they feel that they rely on the manufacturers for  
10 their money and I don't think it would be looked  
11 very favorable if they came up with something  
12 that was very damaging to the companies.  
13 So I think that those that are supposed  
14 to be advising and those who are supposed to be  
15 regulating are in bed with those who are being  
16 regulated and taking money from those who are  
17 being regulated, and that has an appearance of  
18 conflict of interest, and appearance is enough.  
19 We can't have appearance of conflict of interest  
20 in our vaccines and that's what's happening here.  
21 Q. Okay. Could you briefly explain to me

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1 your understanding of what the Brighton  
2 Collaboration is?  
3 A. It's a corporation, I don't have it in  
4 front of me exactly, I'm not a legal thing, I  
5 forgot the name of the type of corporation, but  
6 it's a nongovernmental corporation which exists  
7 physically inside of the CDC's location in their  
8 building in Atlanta, Georgia, which has meetings  
9 all over Europe and they have posted on their  
10 website results of the meetings and they have  
11 people -- they set up committees to define  
12 vaccine -- well, I'd say the reactions but that's  
13 not really true. It started out reactions, then  
14 it was adverse events, and now it's just events.  
15 Pretty soon it won't be anything.  
16 But in any case, they have meetings with  
17 and they use drug company people and vaccine  
18 producing people to help define what is and isn't  
19 a reaction, and therefore will control in their  
20 plan which things are considered to be related to  
21 vaccines, and a whole vaccine policy is

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1 controlled by that group. And it's an unethical  
2 organization. The people from CDC can't take  
3 money and they do take money. In fact, they take  
4 salaries from this organization which is funded  
5 by the drug company. They cannot take money from  
6 those who they are supposed to regulate. Even if  
7 it doesn't affect their opinion, it looks like it  
8 affects their opinion, and there's very good  
9 precedent that conflict of interest can't even  
10 look like conflict of interest.  
11 Q. Okay. I want to take you back now to  
12 Exhibit 11 and the specific motivation for  
13 deceiving the public in regard to the Global  
14 Advisory Committee on Vaccine Safety's August  
15 2003 statement, all right?  
16 A. Okay.  
17 Q. As I understand part of what you've  
18 said, the World Health Organization is part of  
19 this Brighton Collaboration. It received -- that  
20 collaboration receives funding from  
21 pharmaceutical companies and the World Health

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1 **Organization has an interest in maintaining that**  
2 **funding level; is that correct?**  
3 A. Yes, and the cooperation of all the  
4 people involved.  
5 Q. I further thought I heard you indicate,  
6 correct me if I'm wrong, that the World Health  
7 Organization may well be concerned that if they  
8 were to take a position contrary to what's set  
9 forth in this statement, that might affect the  
10 funding?  
11 A. Yes.  
12 Q. Is it your statement that -- is it your  
13 opinion that the pharmaceutical companies have  
14 purposefully attempted to cause the World Health  
15 Organization to deceive the public through its  
16 funding?  
17 A. Yes. I think this is a crucial issue to  
18 the vaccine companies. Their very existence is  
19 on the line potentially, and I think they're  
20 using their money to influence positions of these  
21 organizations.

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1 Q. So in your opinion the matter is not  
2 simply an appearance of a conflict of interest,  
3 but it is actually a conflict of interest, right?  
4 A. Yes.  
5 Q. And by conflict of interest, you are  
6 saying that the pharmaceutical companies involved  
7 in the manufacture of childhood vaccines have  
8 made payments to the World Health Organization  
9 for the purpose of having the World Health  
10 Organization issue deceptive and false statements  
11 about the safety of thimerosal in vaccines; is  
12 that correct?  
13 A. Well, you went further than I went. I  
14 didn't say that. I said that the pharmaceutical  
15 companies and the vaccine manufacturers were  
16 making payments to the Brighton organization, and  
17 the Brighton organization is attempting to limit  
18 the damage to -- with this, I don't know  
19 specifically if any pharmaceutical company said  
20 here's a payment for you to do this specific  
21 thing, but I think it's fairly well understood

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1 that if you're heavily funded by companies and  
2 there's something really bad for those companies  
3 happening and you come out and you make a  
4 statement like this, you know, saying that the  
5 literature supports when, they quote like three  
6 papers and there are thousands of papers on the  
7 other side, it's very obvious that they're being  
8 influenced.  
9 Q. All right. The conclusion is set forth  
10 in bold under the caption, correct, the  
11 conclusion in this document by the World Health  
12 Organization is, and I quote, the Global Advisory  
13 Committee on Vaccine Safety concludes that there  
14 is no evidence of toxicity in infants, children,  
15 or adults exposed to thimerosal (containing  
16 ethylmercury) in vaccines?  
17 A. And that's a false statement by  
18 anybody's position. Because it says -- it  
19 doesn't say they didn't believe the other  
20 evidence. It says there is no evidence, implying  
21 that there aren't these articles. And you can

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1 look at the articles and they're there. You can  
2 say, well, I'm not convinced by the articles.  
3 But this statement is on its face prima facie  
4 false. There are articles throughout the  
5 literature from big name people around this  
6 country and around the world, numerous articles  
7 that make this false.  
8 Q. Right. Let's just take this in bite  
9 size increments if we can.  
10 A. Okay.  
11 Q. You would agree that the bolded  
12 statement that I just read into the record was  
13 accurately read and constitutes the conclusion of  
14 the World Health Organization; correct?  
15 A. Yes.  
16 Q. And you would state that that is  
17 objectively false; is that right?  
18 A. Yes. No one would agree with that  
19 statement or that it was objective.  
20 Q. And I understand it to be your opinion  
21 that Global Advisory Committee on Vaccine Safety

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1 knows that statement to be false, correct?

2 A. Sure. Those articles can be found in  
3 ten seconds on PubMed.

4 Q. Is it your testimony that in your  
5 opinion that the pharmaceutical companies that  
6 manufacture childhood vaccines containing  
7 thimerosal know that statement to be false?

8 A. Yes.

9 Q. And is it your testimony that the  
10 pharmaceutical companies have funded the Brighton  
11 Collaboration in part to produce statements from  
12 the World Health Organization that falsely state  
13 that thimerosal-containing vaccines are safe?

14 A. It's a little stronger than what I  
15 would say. They funded the Brighton organization  
16 to limit the damage to the vaccine program and to  
17 themselves by involving and funding World Health  
18 Organization and CDC individuals and other  
19 researchers around the world to try to limit the  
20 damage.

21 Q. Do you believe there's an agreement or

1 A. I don't have a written agreement. I  
2 can't know what's in a verbal agreement. All I  
3 know is that they're funded by the companies and  
4 they've taken an obviously objectively false  
5 position that favors the companies.

6 Q. I'm not asking you now about the  
7 evidence you have to support it but whether or  
8 not you hold the opinion that this is in fact a  
9 conspiracy, among others, between the  
10 pharmaceutical companies and the World Health  
11 Organization to deceive the public. Is that your  
12 opinion?

13 A. I'm not sure what you mean by  
14 conspiracy. I believe that --

15 Q. An agreement or understanding between  
16 the parties to consciously deceive the public by  
17 issuing false statements about the alleged safety  
18 of thimerosal when both parties know that to be  
19 false in your opinion?

20 A. Yes.

21 Q. That is your testimony?

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1 understanding between the pharmaceutical  
2 companies and the World Health Organization that  
3 this is the goal, the goal being to deceive  
4 people into believing there is no danger when in  
5 fact there is in your opinion?

6 A. I would put it on their behalf that the  
7 goal is to limit people's concerns about  
8 vaccines so they can continue the programs. And  
9 that involves -- if that involves fooling them  
10 and slightly modifying and lying about the data,  
11 yeah, that's fine.

12 Q. It's more than slightly modifying.  
13 You're testifying to a belief that this is  
14 objectively false and they know it to be so;  
15 correct?

16 A. Yes, and it is.

17 Q. Is this statement in your opinion the  
18 product of a conspiracy or a joint agreement or  
19 understanding between any pharmaceutical  
20 companies that manufacture vaccines and the  
21 World Health Organization?

1 A. Yes.

2 MR. THOMASCH: Let me ask the reporter  
3 to mark as Exhibit 12 a document entitled "What  
4 Parents Should Know About Thimerosal," from the  
5 American Academy of Pediatrics.

6 (Deposition Exhibit No. 12, What  
7 Parents Should Know About Thimerosal, was  
8 marked.)

9 Q. (BY MR. THOMASCH) I'm going to show the  
10 witness what has been marked as Exhibit 12 for  
11 identification. I don't need you to read through  
12 this full document, but just in a sense eyeball  
13 it to see if you recognize this. And even before  
14 that let me ask you, Dr. Geier, do you see that  
15 the document is captioned What Parents Should  
16 Know About Thimerosal from the American Academy  
17 of Pediatrics?

18 A. Yes, I do.

19 Q. Do you recognize the entity the  
20 American Academy of Pediatrics?

21 A. Yes.

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1 Q. What is it?

2 A. It's the academy that board-certifies

3 pediatricians in the United States.

4 Q. Okay. Do they have a publication?

5 A. Yes, Pediatrics. They have a journal,

6 Pediatrics.

7 Q. All right. Do they also issue the red

8 book?

9 A. I think one of their committees does,

10 the advisory committee does, yes.

11 Q. Committee on immunization practices?

12 A. Yes.

13 Q. And does that give guidelines for

14 vaccination practices in the United States?

15 A. Yes.

16 Q. Are you aware that the American Academy

17 of Pediatrics has a website?

18 A. Yes.

19 Q. Do you see that this document appears to

20 be from that website?

21 A. Yes.

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1 Q. It's dated 11-11-2004 on the date it

2 was printed off the website. Do you see that at

3 the bottom of both pages?

4 A. Yes, I see that.

5 Q. If you return to the second page in the

6 text it says, copyright 2002 by the American

7 Academy of Pediatrics; revised August 2004. Do

8 you see that?

9 A. Yes.

10 Q. So do you understand this to be a

11 statement of the American Academy of Pediatrics

12 that was revised in 2004 and remains publicly

13 available today on the website of the American

14 Academy of Pediatrics?

15 A. Yes.

16 Q. I just want to take you down to the

17 second heading on the document entitled does

18 thimerosal cause autism? Do you see that?

19 A. Yes.

20 Q. The first sentence states, and I quote,

21 there are no valid studies that show a link

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1 between thimerosal in vaccines and autistic

2 spectrum disorder, period. Did I read that

3 correctly?

4 A. Yes, sir.

5 Q. Is that statement true in your opinion?

6 A. No.

7 Q. Do you believe that statement is

8 objectively false?

9 A. Yes.

10 Q. Do you believe that the American

11 Academy of Pediatrics honestly believes that

12 statement?

13 A. No.

14 Q. Do you believe that in issuing this

15 statement and putting it out on its public

16 website, the American Academy of Pediatrics is

17 attempting to dishonestly deceive the American

18 public with regard to whether or not thimerosal

19 causes autism?

20 A. Yes.

21 Q. Do you believe that they have done that

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1 as part of any understanding or agreement with

2 any vaccine manufacturer?

3 A. I believe they are largely funded by

4 vaccine manufacturers.

5 Q. Do you believe that accounts for the

6 reason they would publicly deceive the U.S.

7 public regarding the question of whether

8 thimerosal causes autism?

9 A. I think it's only one of the reasons.

10 There are a number of others. Did you want me to

11 go into them?

12 Q. No, I want to know whether you think

13 one of the reasons is because they are provoked

14 to do so by funding from the vaccine

15 manufacturers?

16 A. Yes, I think that's one of the reasons.

17 Q. Do you believe the vaccine

18 manufacturers are aware of the deceptive nature

19 of this statement?

20 A. Yes.

21 Q. Do you believe the vaccine

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1 manufacturers' reason for funding the American  
2 Academy of Pediatrics currently is in any part  
3 related to a desire to see the American Academy  
4 of Pediatrics issue false and deceptive  
5 statements purporting to exonerate thimerosal in  
6 regard to autism?

7 A. I think there are other reasons that  
8 manufacturers fund them, but I think that's  
9 certainly one of them.

10 MR. THOMASCH: I'll ask the reporter to  
11 mark as Exhibit 13 a multipage document taken  
12 from the CDC National Immunization Program  
13 website on November 11th, 2004.

14 (Deposition Exhibit No. 13, CDC National  
15 Immunization Program website document, was  
16 marked.)

17 Q. (BY MR. THOMASCH) Do you have Exhibit  
18 13 in front of you, sir?

19 A. Yes, I do.

20 Q. What is the CDC?

21 A. Centers for Disease Control. It's a

1 to the subject matter of thimerosal in vaccines?

2 A. Yes.

3 Q. Would you turn, if you would, please, to  
4 page 3 of 9.

5 A. Yes.

6 Q. Do you see question 5 in bold?

7 A. Yes.

8 Q. It states, "I've heard that children  
9 may be getting toxic levels of mercury from  
10 vaccines. Is that true?" And the first  
11 paragraph of the answer reads "No. There is no  
12 evidence of harm caused by the minute doses of  
13 thimerosal in vaccines, except for minor effects  
14 like swelling and redness of the injection site  
15 due to sensitivity to thimerosal." Did I read  
16 that correctly?

17 A. You read it correctly.

18 Q. Do you believe that's an accurate  
19 statement?

20 A. No. It's inaccurate on its face and  
21 it's inaccurate by Congressional official finding

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1 sub-branch of HHS, Health and Human Services of  
2 the U.S. government.

3 Q. Are you aware they have a publicly  
4 available website?

5 A. Yes.

6 Q. Have you ever gone to it?

7 A. Yes.

8 Q. In the course of doing research with --  
9 specifically with regard to the safety or  
10 potential dangers associated with the use of  
11 thimerosal in vaccines, have you ever looked at  
12 CDC's website?

13 A. Yes.

14 Q. If you turn to the last page of this  
15 document, page nine of nine, do you see it  
16 indicates that this page was last reviewed and  
17 modified on May 18, 2004?

18 A. Yes.

19 Q. Do you understand this document to be  
20 publicly available information provided to the  
21 public by the CDC as of May 2004, which relates

1 that finds these gentlemen guilty of  
2 institutional malfeasance and also finds that  
3 there's no evidence -- I mean, again, if they go  
4 to PubMed, anybody can go to PubMed and you can  
5 get, you can turn up hundreds, thousands of  
6 articles on this issue, and again, Congress --  
7 they're presenting themselves as the official  
8 position of the U.S. government, but they're not  
9 the U.S. Government. They're one little small  
10 blanch of the U.S. government.

11 The Congressional committee that  
12 investigated this for three years said, they  
13 concluded that the autism epidemic was caused by  
14 thimerosal but it could have been curtailed or  
15 prevented if the CDC had not been, quote, asleep  
16 at the switch, this is from their own memo, and  
17 they found them guilty of institutional  
18 malfeasance and self-protection and protectionism  
19 of the industry, and misplaced protectionism of  
20 the industry.

21 This is an out and out object lie

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1 because they're saying there's no reports of  
2 thimerosal causing any problems anywhere and  
3 that's patently ridiculous.

4 Q. All right. I'm going to ask you, sir --  
5 MS. OWENS: Excuse me I'm going to  
6 move to strike that answer as nonresponsive to  
7 the question.

8 MR. THOMASCH: I'll join in that motion.

9 Q. (BY MR. THOMASCH) You stated that  
10 someone had found the CDC I believe it was,  
11 quote, guilty of institutional malfeasance; did  
12 you say that?

13 A. Not someone. The oversight committee  
14 of the U.S. House of Representatives, the  
15 official one that's in charge of them has found  
16 that, and there are others. I mean we've given  
17 you others. There's also --

18 Q. When did that occur?

19 A. 2003, May of 2003.

20 Q. Do you have any explanation for why  
21 this statement still appears on the website

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1 currently available to the public of the Centers  
2 for Disease Control?

3 A. Sure. They're a rogue organization. If  
4 they admit it they'll be fired. At best they'll  
5 be fired.

6 Q. The CDC is a rogue organization?

7 A. Yes, they've committed institutional  
8 malfeasance and they're sure not going to admit  
9 it, if they have a choice.

10 Q. I want to look at the term  
11 institutional malfeasance. Does that come in  
12 part from, in your opinion, intentionally  
13 deceiving the American public about the health  
14 risks of thimerosal-containing vaccines?

15 A. Yes.

16 Q. So you would state that this statement  
17 is not only false, but the CDC knows it to be  
18 false and seeks to deceive the American public?

19 A. Absolutely. Their own memo shows that  
20 they know it to be false.

21 Q. I'd like you to turn further in the

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1 document to question No. 7, that would be page 5  
2 of 9. Do you have that, sir?

3 A. Yes.

4 Q. Does the question read "does thimerosal  
5 cause autism?"

6 A. Yes.

7 Q. And the answer in the first sentence  
8 states, quote, "there is no conclusive evidence  
9 that any vaccine or vaccine additive increases  
10 the risk of developing autism or any other  
11 behavior disorder. Rather," in the second  
12 sentence begins, "rather, evidence is  
13 accumulating of lack of any harm resulting from  
14 exposure to vaccines containing thimerosal as a  
15 preservative." Did I read that correctly?

16 A. You read it correctly.

17 Q. Is it your testimony, sir, that that is  
18 also a knowingly false statement made for the  
19 purpose of deceiving the American public?

20 A. Yeah, blatantly false, that's right.

21 Q. And if we just go back to question 6 on

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1 the preceding page, do you see question 6  
2 relating to research being conducted by the  
3 federal government regarding the safety of  
4 vaccines containing thimerosal?

5 A. Yes.

6 Q. And the first sentence of that answer  
7 reads, quote, "there is no evidence to suggest  
8 that thimerosal in vaccines causes any health  
9 problems in children and adults beyond local  
10 hypersensitivity reactions (like redness and  
11 swelling at the injection site)." Do you see  
12 that?

13 A. Yes.

14 Q. That would again be a knowingly false  
15 statement made by the Centers for Disease Control  
16 and Prevention in order to deceive the American  
17 public about the safety of thimerosal?

18 A. Well, it's the vaccine group there, not  
19 the whole group. That's so knowingly false that  
20 their own paper by Verstraeten says that it  
21 causes ticks which isn't in that list.

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1 MS. OWENS: Objection, nonresponsive  
2 answer, move to strike.

3 A. Yes, it's blatantly false and they know  
4 it's false.

5 Q. (BY MR. THOMASCH) They know it's false  
6 and they're attempting to deceive?

7 A. They're making a rather big attempt to  
8 deceive.

9 MR. THOMASCH: All right. I'll ask the  
10 court reporter to mark as our next exhibit a  
11 two-page document from the European Agency for  
12 the Evaluation of Medicinal Products dated March  
13 24, 2004.

14 (Deposition Exhibit No. 14, statement  
15 from the European Agency for the Evaluation of  
16 Medicinal Products dated March 24, 2004, was  
17 marked.)

18 Q. (BY MR. THOMASCH) Let me ask you just  
19 to take a quick look at Exhibit 14 and let me  
20 know whether or not you recognize the document?

21 A. I know of the agency. I don't think

1 move to strike.

2 MR. ELLIOTT: Same thing.

3 MR. THOMASCH: Join in the motion.

4 Q. (BY MR. THOMASCH) But I will ask you,  
5 is it your sworn testimony that you understand it  
6 to be illegal to distribute thimerosal-containing  
7 vaccines anywhere in Europe?

8 A. I didn't say anywhere. I said a number  
9 of places in Europe. England, Sweden, Norway, I  
10 believe Austria, Russia. I may have missed some.  
11 Canada, that's not Europe. And soon to be in  
12 various parts of the United States, already in  
13 some parts coming up.

14 Q. Go back to Exhibit 14 if we could. Are  
15 you aware that in 1999 and 2000 EME issued  
16 statements on the use of thimerosal in vaccines?

17 A. Yes.

18 Q. Were you aware prior to my showing you  
19 Exhibit 14 that in 2004, EMEA issued another  
20 public statement on that subject?

21 A. No.

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1 I've seen this exact document.

2 Q. All right. The agency in reference  
3 being the European Agency for the Evaluation of  
4 Medicinal Products?

5 A. Yes.

6 Q. What do you understand that agency to  
7 be?

8 A. It's sort of like their CDC or FDA.

9 Sort of like our CDC or FDA.

10 Q. The acronym that they go by is EMEA?

11 A. Yes.

12 Q. But this is a European agency that has a  
13 role in Europe relatively equivalent to the FDA  
14 or CDC in the United States; is that correct?

15 A. Yes.

16 Q. In the 1990s were thimerosal-containing  
17 vaccines used in parts of Europe?

18 A. Yes, not anymore. They made them  
19 illegal now in many parts of Europe because the  
20 cause autism.

21 MS. OWENS: Objection, nonresponsive,

1 Q. Have you not been aware, I'd ask you  
2 now to take a moment and read through the  
3 slightly-longer-than-one-page document.

4 MR. SMITH-GEORGE: There's an  
5 indication at the bottom this is page -- is this  
6 page two of two?

7 MR. THOMASCH: Page two of two.

8 MR. SMITH-GEORGE: Is there a website  
9 this came off of or do you know? There seems to  
10 be some notation on the bottom public EMEA. Is  
11 that a website?

12 MR. THOMASCH: I believe it is but I  
13 don't have the website address.

14 MR. ELLIOTT: It's on there.

15 MR. THOMASCH: That is the website  
16 address there? Oh, the bottom of the first page  
17 there's --

18 MR. SMITH-GEORGE: Oh, emea.eu.int.

19 MR. THOMASCH: Right.

20 MR. SMITH-GEORGE: Thank you.

21 A. Okay, I've read it.

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1 Q. (BY MR. THOMASCH) Okay. Now, is it  
2 fair to say based on the first three paragraphs,  
3 directing your attention in particular to the  
4 first sentence of the third paragraph, that a  
5 committee of the EMEA, the Committee for  
6 Proprietary Medicinal Products, known by the  
7 acronym CPMP, had looked at this issue in 1999  
8 and 2000 and had advised, quote, "that although  
9 there was no evidence of harm from thimerosal in  
10 vaccines other than hypersensitivity (allergic)  
11 reactions, it would be prudent to promote the  
12 general use of vaccines without thimerosal and  
13 other mercury-containing preservatives,  
14 particularly for single-dose vaccines." Do you  
15 see that?  
16 A. Yes.  
17 Q. Does that accord with your recollection  
18 of the EMEA statements in 1999 and 2000?  
19 A. Yeah, I think they said it would be  
20 prudent.  
21 Q. But they said at that time that there

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1 was no evidence of harm from thimerosal in  
2 vaccines other than hypersensitivity reactions,  
3 but they went on to say it would still be prudent  
4 to remove; is that correct?  
5 A. Yes.  
6 Q. Now, it indicates in the third  
7 paragraph that, quote, "the previous assessment"  
8 -- and I'm reading the last sentence of the third  
9 paragraph -- "of risks associated with  
10 ethylmercury had been based on data on  
11 methylmercury, as the toxicity profile of the two  
12 compounds was assumed to be similar." Do you see  
13 that?  
14 A. Yes.  
15 Q. Am I correct that for purposes of your  
16 report in this case, you currently consider the  
17 toxicity profile of ethylmercury and  
18 methylmercury to be similar; is that correct?  
19 A. Yeah, and that's based on, I don't know,  
20 20 to 30 publications, in, ants to elephants.  
21 Q. Okay.

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1 A. I consider it to be similar, although I  
2 would make the point that if you made it half as  
3 toxic, if you made it a quarter as toxic, if you  
4 made it a 10th as toxic, you're still so far over  
5 the limit you can't make the risk go away.  
6 Q. But you don't think it's half as toxic,  
7 you think it's essentially the same toxicity,  
8 correct?  
9 A. I think it's similar, and none of the  
10 papers say that it's more toxic than  
11 methylmercury. Overall I think it's fair to  
12 assume that it's similar, as did the American of  
13 Academy of Pediatrics people in their  
14 publications.  
15 Q. Now, the EMEA statement marked as  
16 Exhibit 14, in the 4th paragraph, states "in  
17 March 2004, the CPMP reviewed the latest evidence  
18 relating to the safety of thimerosal-containing  
19 vaccines." Do you see that?  
20 A. Yup.  
21 Q. And until right now you were unaware

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1 that that happened; correct?  
2 A. That's correct.  
3 Q. Does it indicate that part of what they  
4 reviewed were, in their words, a number of well  
5 designed population-based epidemiological  
6 studies documenting the safety profile of  
7 thimerosal?  
8 A. Yeah, that's -- that's patently wrong,  
9 but yeah, that's what they reviewed. I know  
10 which ones they reviewed.  
11 Q. The statement goes on to say, quote,  
12 "these studies show no association between the  
13 vaccination with thimerosal-containing vaccines  
14 and neurodevelopmental disorders such as speech  
15 disorders and autism." Do you see that?  
16 A. Yes.  
17 Q. And the statement that they show no  
18 association is even stronger than the statement  
19 they show no causation; is that correct?  
20 A. Yes.  
21 Q. So they show by definition no causation

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1 and not even an association between vaccination  
2 with thimerosal-containing vaccines and  
3 neurodevelopmental disorders such as speech  
4 disorders and autism is the position of the EMEA;  
5 correct?

6 A. Even though they're totally irrelevant  
7 studies to this issue, yes, that's correct.  
8 That's their position.

9 Q. Do you believe that that position is  
10 inaccurate?

11 A. Yes.

12 Q. Do you believe that EMEA knows it to be  
13 inaccurate?

14 A. Knows or should know, probably. I mean,  
15 I assume they have access to the National  
16 Library of Medicine's search engine, which every  
17 researcher in this world that knows what they're  
18 doing uses. Yes, if they have access and they  
19 tried, it's inaccurate and they should know  
20 better. I can't sit here and tell you they did  
21 the search, but boy, considering the importance

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1 of this issue, if they didn't do the search,  
2 they're guilty of not doing a decent job. No one  
3 can believe this. Any parent, any juror, anybody  
4 can do this search in two seconds and you can see  
5 that these are false statements. And they're  
6 not papers written by me. They're papers written  
7 by people all over the world for many, many  
8 decades, and there are hundreds of them.

9 Q. The 4th paragraph continues on, if  
10 you'll follow with me, "furthermore, new data in  
11 infants indicate that ethylmercury is more  
12 rapidly excreted and therefore has substantially  
13 different pharmacokinetics than methylmercury."  
14 Do you see that statement?

15 A. Yes.

16 Q. You understand what they're attempting  
17 to say there; correct?

18 A. Yes, they're referring to the Lancet  
19 study which is, as a scientific study it's a  
20 complete joke, and in addition it's irrelevant.  
21 That is, cyanide has a half life in the body of

1 about 30 seconds. It also kills you. Half life  
2 is not predictive. Additionally, the half life  
3 of ethylmercury and methylmercury in general are  
4 somewhat similar, and even if you allow that  
5 they're half as much, doesn't make any  
6 difference.

7 MR. ELLIOTT: Object, nonresponsive.

8 Q. (BY MR. THOMASCH) The fourth paragraph  
9 concludes with the statement, and I quote, "the  
10 new data suggests that ethylmercury may be less  
11 toxic than previously assumed, and therefore  
12 caution is needed in extrapolating the toxicity  
13 profile of methylmercury to ethylmercury." Do  
14 you see that?

15 A. Yes.

16 Q. Now in connection with your work in  
17 this case, you believe it is appropriate to  
18 extrapolate the toxicity profile from  
19 methylmercury to ethylmercury; is that correct?

20 A. Yes, although we have done it by  
21 allowing it to be five times less. We've done it

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1 with ten times less. It doesn't help.

2 MS. OWENS: Excuse me, I'm going to  
3 object.

4 THE DEPONENT: Excuse me, I'm answering  
5 his question.

6 MR. SMITH-GEORGE: Finish your question  
7 then you can make an objection. You don't have  
8 to interrupt during his response.

9 MS. OWENS: I did not mean to interrupt  
10 you. I thought you were through. Please finish  
11 your answer.

12 THE DEPONENT: Okay. I'm finished.

13 MS. OWENS: I object to the  
14 responsiveness of the answer. I also ask that he  
15 answer the questions directly because I have  
16 questions I want to ask. We're time-limited. I  
17 don't want my time used up by his tendency to  
18 give lengthy answers to what are yes or no  
19 questions. I'm going to ask you to extend that  
20 courtesy to me.

21 MR. SMITH-GEORGE: He's trying to

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1 answer the questions completely. I think he's  
2 doing a responsive job as he knows how to do. I  
3 don't think he's unduly extending this. And if  
4 you just give him the courtesy of letting him  
5 finish his answer, then you make any objection  
6 and we can go on.

7 MR. THOMASCH: I'll join in counsel's  
8 objection.

9 MS. OWENS: I did apologize for  
10 interrupting him. I did not do that  
11 intentionally. My position is on the record.

12 Q. (BY MR. THOMASCH) Let's go to the  
13 fourth paragraph of Exhibit 14. Is there  
14 anything in that paragraph that you agree with?

15 A. Yeah, that in March 2004 they reviewed  
16 it. I presume that's true.

17 Q. What you believe, however, is that the  
18 results of their review are inaccurate and are  
19 the product of either gross negligence on their  
20 part or intentional inaccuracies; is that  
21 correct?

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1 A. Yes, that's correct.

2 MR. THOMASCH: It's 1 o'clock. Why  
3 don't we take our lunch break now.

4 MR. SMITH-GEORGE: How long of a break?

5 MR. THOMASCH: 30 minutes okay with you  
6 folks?

7 MR. SMITH-GEORGE: 30 works for me.

8 THE VIDEOGRAPHER: Time now is 1:04.  
9 We're going off the record.

10 (A recess was taken.)

11 MR. SMITH-GEORGE: This is just for the  
12 record, Dr. Geier has -- I have taken the final  
13 draft out of the stack of drafts that we have  
14 prepared and Dr. Geier has signed a cover letter  
15 dated November 7th as well as page 50 of the  
16 report, and we're going to mark that as a  
17 separate exhibit constituting his final report in  
18 this matter, because it's easier to read than  
19 what was faxed to everybody on the disclosure.

20 We had some discussions earlier about  
21 corporate documents, and I have discovered that

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1 the corporate documents are actually incorporated  
2 into notebook No. 5, they're hole-punched, and so  
3 all the documents that Dr. Geier saw that were of  
4 a corporate nature are here in the room in  
5 notebook No. 5.

6 MR. THOMASCH: Thank you for that  
7 clarification. One housekeeping matter, it would  
8 appear that my inability to count has left us a  
9 void where more competent counsel would have used  
10 an Exhibit 8. And so with your permission we'll  
11 mark the next exhibit as Exhibit 8.

12 MR. SMITH-GEORGE: I have no objection  
13 to that.

14 MR. THOMASCH: Thanks, then we won't  
15 spend the rest of our careers trying to figure  
16 out what happened to Exhibit 8.

17 I concede for the stenographic record  
18 that your prior references to Exhibit 8 were  
19 actually to Exhibit 7, which was our supplemental  
20 disclosures, and we're going to make a new  
21 Exhibit 8 to clarify the chronology of the

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1 exhibits.

2 THE VIDEOGRAPHER: The time now is 1:49.  
3 We are now back on the record. This is the  
4 beginning of videotape No. 3.

5 MR. THOMASCH: I'll ask the court  
6 reporter to mark as Exhibit 8, because that  
7 exhibit number was inadvertently skipped, our  
8 next exhibit, which is a joint statement of the  
9 American Academy of Pediatrics and the United  
10 States Public Health Service published September  
11 3rd, 1999.

12 (Deposition Exhibit No. 8, joint  
13 statement of the American Academy of Pediatrics  
14 and the United States Public Health Service  
15 published September 3rd, 1999, was marked.)

16 Q. (BY MR. THOMASCH) Dr. Geier, do you  
17 have in front of you Exhibit 8?

18 A. Yes, I do.

19 Q. And you certainly recognize and have  
20 testified you're familiar with the American  
21 Academy of Pediatrics, right?

1 A. Yes.  
2 Q. What is the United States Public Health  
3 Service?  
4 A. It's part of the United States  
5 government that does things like supply doctors  
6 to our Coast Guard and some research and advises  
7 the U.S. government.  
8 Q. On health-related issues?  
9 A. Yes.  
10 Q. All right. Are you familiar with this  
11 published statement?  
12 A. Yes.  
13 Q. And it was published in Pediatrics,  
14 which you identified as the journal of the  
15 American Academy of Pediatrics, correct?  
16 A. Yes.  
17 Q. And its publication date was September  
18 3rd, 1999; is that correct?  
19 A. Yes.  
20 Q. Does it accord with your recollection  
21 that this statement was actually issued on July

1 they discussed the idea of issuing.  
2 Q. Yeah, but those memos, when did you  
3 obtain those memos?  
4 A. I obtained them after the fact.  
5 Q. Did you in fact know that this statement  
6 was going to come out before it was issued?  
7 A. No.  
8 Q. But you did know about it at the date it  
9 was issued or shortly thereafter?  
10 A. Yes.  
11 Q. Looking at the second paragraph of this  
12 statement, it states, and this again is July of  
13 1999, quote, "there is a significant safety  
14 margin incorporated into all the acceptable  
15 mercury exposure limits. Furthermore, there are  
16 no data or evidence of any harm caused by the  
17 level of exposure that some children may have  
18 encountered in following the existing  
19 immunization schedule. Infants and children who  
20 have received thimerosal-containing vaccines do  
21 not need to be tested for mercury exposure." Did

1 7th, 1999?  
2 A. Yeah, that sounds reasonable, I don't  
3 remember the date but I know it was July  
4 something.  
5 Q. Early July 1999?  
6 A. Yes.  
7 Q. And you were familiar with the  
8 statement at or about the time it was first  
9 issued in July; is that correct?  
10 A. Yeah, in fact, we have some memos  
11 discussing the release before it was released.  
12 I'm quite familiar with this.  
13 Q. All right. Now, I want to take you to  
14 the second paragraph.  
15 MS. OWENS: I'm sorry, did he say he  
16 knew about it when it came out, which I think was  
17 your question?  
18 Q. (BY MR. THOMASCH) Yes, you were aware  
19 of it at or about the time it was issued?  
20 A. I said I was aware of it before it was  
21 issued because I have some memos and things where

1 I read that accurately?  
2 A. Yes.  
3 Q. Now, when you read this statement for  
4 the first time in 1999, were you aware of what if  
5 any safety margin was incorporated into mercury  
6 exposure limits?  
7 A. Not at the time.  
8 Q. Have you subsequently familiarized  
9 yourself with that information?  
10 A. Yes.  
11 Q. Do you agree that there is a safety  
12 margin incorporated into acceptable mercury  
13 exposure limits?  
14 A. I believe they attempted to put a  
15 safety level in, which has been exceeded by an  
16 enormous amount.  
17 Q. Do you know what the intention was by  
18 way of the margin? Was it intended to be a  
19 tenfold safety margin?  
20 A. That's the usual margin that's used. In  
21 this case there actually is no safety margin.

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1 That is, the level that is approved is the level  
 2 at which there's demonstrable harm to cells and  
 3 tissue culture. In addition, even if you use a  
 4 tenfold, and we've tried that, it's still nowhere  
 5 near the level of exposure. The overexposure was  
 6 at least 140-fold.

7 Q. When you say the level at which it was  
 8 approved, what is the "it"?

9 A. I'm not sure what I meant either. The  
 10 level that they approve, which is, incidentally,  
 11 what I meant was 0.1, the FDA limit is 0.1  
 12 microgram per kilogram per day, and there's  
 13 another limit that's as high as 0.4 micrograms  
 14 per kilogram per day. Those levels have no  
 15 safety and in reality, even if you allow a  
 16 tenfold margin, you still vastly have exceeded  
 17 those levels.

18 Q. Okay. I need to try to go in smaller  
 19 pieces.

20 A. Okay.

21 Q. Are you aware that there are more than

Page 199

1 one governmentally-issued mercury exposure  
 2 limits?

3 A. Yes.

4 Q. Has the FDA issued one?

5 A. Yes.

6 Q. Has the EPA issued one?

7 A. Yes.

8 Q. Does the World Health Organization have  
 9 one?

10 A. Yes.

11 Q. Are you aware of differences between  
 12 them?

13 A. There were more differences than there  
 14 are now.

15 Q. In 1999 were there differences?

16 A. Yes.

17 Q. Do you understand in 1999 which was the  
 18 most stringent exposure limit, in other words,  
 19 putting the lowest limit on the recommended  
 20 exposure?

21 A. Yes, it was EPA.

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1 Q. And what was the EPA limit at that time?

2 A. 0.1 micrograms per kilogram per day of  
 3 orally ingested methylmercury.

4 Q. Am I correct that that exposure limit  
 5 was in no way prepared in connection with, for  
 6 the purpose of regulating vaccines?

7 A. That's correct.

8 Q. At the time that it was devised, was it  
 9 your understanding or is it your understanding  
 10 that EPA intended to use a safety margin in its  
 11 standard?

12 A. Yes.

13 Q. That was their goal?

14 A. Yes.

15 Q. Whether they correctly achieved it or  
 16 not, I'm not asking. I just want to know if that  
 17 is what they were trying to do?

18 A. Yes.

19 Q. And the goal they were trying for was  
 20 to have a tenfold safety margin, by which I mean  
 21 they would determine what they thought was the

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1 appropriate exposure level and reduce it to  
 2 one-tenth of that and make that the maximum level  
 3 of exposure; is that correct?

4 A. That's correct.

5 Q. At the time that the EPA created that  
 6 standard, do you believe that they did so in good  
 7 faith?

8 A. Yes, I do.

9 Q. When the American Academy of Pediatrics  
 10 and the United States Public Health Service  
 11 stated in July of 1999, there is a significant  
 12 safety margin incorporated into all the  
 13 acceptable mercury exposure limits, do you  
 14 believe that they believed that to be true as of  
 15 that time?

16 A. Yes.

17 Q. It indicated that in July of 1999 there  
 18 are no data or evidence of any harm caused by the  
 19 level of exposure that some children may have  
 20 encountered in following the existing  
 21 immunization schedules. Do you believe that that

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Page 20

1 statement was intended to be truthful at the time  
2 it was made?

3 A. Can you read it to me again or show it  
4 to me?

5 Q. Yes, I'm in the second paragraph, in the  
6 second sentence, which states, furthermore, there  
7 are no data or evidence of any harm caused by the  
8 level of exposure that some children may have  
9 encountered in following the existing  
10 immunization schedule.

11 A. It's not true, but I believe that they  
12 may have intended it to be true.

13 Q. They may have thought it to be true?

14 A. Yes, at the time I think they may well  
15 have thought it to be true. At least many of  
16 them were not aware. There was data, the VAERS  
17 database had already reported, if I recall one  
18 of their internal memos, 1400 reports of  
19 neurological problems with thimerosal, so to say  
20 there was no data is inaccurate. But I'm not  
21 sure that everybody who wrote this was aware of

1 the first six months of life, clinicians and  
2 parents are encouraged to immunize all infants  
3 even if the choice of individual vaccine products  
4 is limited for any reason." Do you see that?

5 A. Yes.

6 Q. And do you understand that to mean that  
7 in July of 1999, the AAP, the American Academy of  
8 Pediatrics, and the United States Public Health  
9 Service were saying even if you can only get a  
10 thimerosal-containing vaccine, the risk/benefit  
11 analysis suggests that you should be immunized  
12 with that vaccine instead of not being immunized.  
13 Do you understand that to be your position then?

14 A. Yeah, that was their position, and they  
15 had an internal argument, which we've given you  
16 the publication of it, some people in the academy  
17 wanted to stop giving these vaccines to young  
18 children and some didn't, and obviously from what  
19 they published here those who didn't won the  
20 argument.

21 MS. OWENS: Objection to

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1 that. I don't think they were intentionally  
2 trying to be false at that point. Their necks  
3 had not yet been extended. They could have been  
4 heroes at that point.

5 Q. All right. Now I want to take you over  
6 to the right-hand column of Exhibit 8 on to the  
7 six numbered points. In the following paragraph,  
8 in moving down about halfway, can you locate a  
9 sentence that begins with the words "given that  
10 the risks."

11 A. I'm sorry, I must be -- the numbers one  
12 through six?

13 Q. Past one through six, in the next  
14 paragraph about halfway down.

15 A. Yeah, I see, given that the risks.

16 Q. All right. For the record I'll read  
17 that sentence that I'm going to direct your  
18 attention to, reads, quote, "given that the risks  
19 of not vaccinating children far outweigh the  
20 unknown and much smaller risk, if any, of  
21 exposure to thimerosal-containing vaccines over

1 responsiveness.

2 Q. (BY MR. THOMASCH) And assuming that you  
3 believe this to be the product of an internal  
4 dispute, the position that was published  
5 indicated that the risk/benefit analysis favored  
6 giving the vaccine, even if a  
7 thimerosal-containing vaccine?

8 A. The dispute was not resolved over  
9 risk/benefit. As their publication said, it was  
10 resolved over the fear that some antivaccine  
11 group, and I again wanted to divorce myself from  
12 such groups, but that some antivaccine group  
13 would jump on the fact that some vaccines were  
14 better than others and they were afraid they  
15 would do so much harm to the program that they  
16 did not want to admit that they should avoid the  
17 thimerosal-containing -- not a risk/benefit  
18 analysis. It was a political, good for the  
19 vaccine program decision, not a risk/benefit  
20 decision.

21 Q. But they framed it in the publication as

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1 the benefits outweigh the risks, even if the only  
2 vaccine is a thimerosal-containing vaccine;  
3 correct?

4 A. That's how they termed it.

5 Q. Is it my understanding that you do not  
6 believe that was believed by them at the time,  
7 they had an alternative reason for wanting to  
8 make that statement?

9 A. Yeah, maybe what they thought was a  
10 good reason, but they had an alternative reason.

11 Q. And their alternative reason related to,  
12 for whatever reason, they wanted to continue  
13 vaccinations and not allow this to be used  
14 against the vaccine program?

15 A. That's right.

16 Q. So they, with that goal in mind, made a  
17 statement that at the time they made it they  
18 understood to be false?

19 A. Well, they understood that it was  
20 potentially false. I think that a lot of the  
21 research, remember I agreed that people making

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1 false statements before, so I don't have any  
2 problem with agreeing to that, but at this time a  
3 lot of the papers and research that currently  
4 shows it to be false hadn't been done. So I'd be  
5 willing to soften that and say they weren't sure  
6 that it was false, but they also weren't sure  
7 what they wrote here was true. And in fact very  
8 shortly thereafter they did discontinue giving  
9 the hepatitis B to infants for a while. So you  
10 can see that they did have a concern. And I  
11 would like to give the people the idea that  
12 they're doing it honestly. So I think that this  
13 statement isn't absolutely false. They certainly  
14 knew that it may well be false but I'm not sure  
15 that they knew that it was false.

16 Q. All right. That statement in your mind  
17 is a false statement, correct?

18 A. With the power of hindsight it's a  
19 false statement, yes.

20 Q. And the question is whether or not  
21 enough was known in 1999, could a reasonable

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1 person have believed this statement and you're  
2 not certain about that, is that where we're at?

3 A. Yes, sir, that's where we're at.

4 Q. Now, at some point between 1999 and  
5 2004, when the American Academy of Pediatrics put  
6 forth the statements on its current web page that  
7 we just talked about before lunch, do I  
8 understand you to hold the opinion that the  
9 academy recognized that the position that they  
10 had taken exonerating thimerosal was false but  
11 they were going to say it anyway?

12 A. Yes.

13 Q. Do you know when that occurred?

14 A. I don't think it all occurred in a  
15 moment, and we have some memos and discussion  
16 about it, but they had to know it was false  
17 because, for example, you read to me that  
18 therefore children do not have to be tested for  
19 mercury exposure in this. And notice I didn't  
20 stop you and say that was a lie. Maybe they  
21 believed it. Can't believe it anymore because

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1 people have tested for mercury exposure and the  
2 lab says they're mercury-toxic, and labs are hard  
3 to argue with. These are officially approved  
4 labs in multiple places.

5 So that statement was false. I hope  
6 that they believed it was true at the time, but  
7 it was clearly false. And therefore their  
8 position now has become totally intentionally  
9 false. They don't even address that issue. They  
10 simply ignore it.

11 Q. All right. If you could go back to  
12 Exhibit 12. That's the American Academy of  
13 Pediatrics statement, What Parents Should Know  
14 About Thimerosal.

15 A. Yes.

16 Q. All right. If we turn to the second  
17 page, the third bolded question is, should  
18 parents have their children who have received  
19 vaccinations with thimerosal be tested for  
20 mercury. Do you see that?

21 A. Yes.

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1 Q. So they're not currently ignoring this  
2 issue, are they?

3 A. Yeah, they're just lying about it.

4 Q. All right. They state, no, infants and  
5 children who have received thimerosal-containing  
6 vaccines do not need to have blood, urine or hair  
7 tested for mercury, the body eliminates a mercury  
8 dose completely within 120 days. It doesn't stay  
9 in your child's body. Do you see that?

10 A. That statement on its face is false.  
11 It's also intentionally misleading because in  
12 order to see the mercury after that you need to  
13 do a challenge, and challenges are not exactly  
14 unique in medicine. We do challenges in many,  
15 many situations. But that's inherently false.  
16 The mercury that gets to the brain is not gone in  
17 120 days. So this is false and intentionally  
18 misleading and incorrect. And disproven by  
19 thousands of lab tests across the country in  
20 multiple clinical centers.

21 Q. Okay. So it's the American Academy of

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1 Pediatrics lying to the American people about  
2 whether or not they should have their children  
3 tested who have already received the vaccination,  
4 correct?

5 A. Yes. And it's a very unfortunate lie  
6 because it hurts the children, because they can  
7 be treated, and some of them actually respond.

8 Q. In 1999, you suggested that they may  
9 have been concerned that if they had been  
10 accurate about the risks, that that might have  
11 been seized upon by some antivaccine groups and  
12 might have prevented some children from being  
13 vaccinated, correct?

14 A. Right, and I was trying to be -- say  
15 that I understood their concern. I didn't agree  
16 with it but they had some legitimate concern at  
17 that time.

18 Q. Right. By 2004 they're addressing in  
19 their public statements children who have  
20 already been vaccinated, correct?

21 A. Yes.

1 Q. What possible interest do you believe  
2 they could have that would motivate them to lie  
3 about whether those children should be tested for  
4 mercury?

5 A. In 1999, remember I said they could  
6 have been heroes, they almost were heroes, and we  
7 have the documents to show it. Several of them  
8 got up and argued and said we're not leaving  
9 until we announce this, until everybody knows  
10 about it. They were this close to being heroes.  
11 But by 2004 they had already gone down the road.  
12 Now it was their fault. In 1999 you could make  
13 the case that they didn't know and, boy, they  
14 found out and they corrected it. But by 2004  
15 they had gone down the road and encouraged people  
16 to vaccinate their children with poisons that  
17 they knew were there when there were alternate  
18 choices. Now they could no longer go back. Now  
19 the die is cast. Now they have to deny it and  
20 they will continue to deny it until the day they  
21 die.

1 But unfortunately the proof is  
2 overwhelming for it because it's provable by  
3 laboratory testing. And they've hurt children  
4 because if you don't understand why these  
5 children are damaged and you send them to a  
6 psychiatrist for psychiatric help, you're going  
7 to not remove the problem. And there are  
8 hundreds of children now by thousands of doctors  
9 who have responded, at least partially, some very  
10 much, to removing this mercury. They caused this  
11 damage and they're not able to be heroes, they  
12 must lie. They have no choice.

13 Q. At all times from 1999 to the present,  
14 the American Academy of Pediatrics has had  
15 available to the public statements about the  
16 safety of thimerosal in vaccine, correct?

17 A. Yes.

18 Q. There is always something on their  
19 website that's periodically updated, but that  
20 subject is a matter that they are on record on  
21 continuously?

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1 A. Yes.

2 Q. And the knowledge, the background

3 knowledge in the field you say has continued to

4 evolve over time; is that right?

5 A. Tremendously, yes.

6 Q. By the end of 2003, was it clear to you

7 that the statements being taken publicly by the

8 American Academy of Pediatrics at that point had

9 to be lies?

10 A. Yes. Clear to me and clear to Congress

11 and clear to investigators and clear to many,

12 many people in this field.

13 Q. By the end of 2003, which would be

14 subsequent to the August 2003 statement we looked

15 at from the WHO, was it clear to you that the WHO

16 was lying?

17 A. Yes.

18 Q. By the end of 2003, was it clear to you

19 that the Centers for Disease Control and

20 Prevention were lying when they said that there

21 was no evidence that thimerosal caused autism?

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1 A. Especially them, because we have

2 numerous memos on their part saying the opposite,

3 just numerous ones, particularly theirs.

4 MR. THOMASCH: We'll ask the reporter to

5 mark as your next exhibit Immunization Safety

6 Review Committee's report on vaccines and autism.

7 (Deposition Exhibit No. 15,

8 Immunization Safety Review Committee's report on

9 vaccines and autism, was marked.)

10 Q. (BY MR. THOMASCH) All right. Dr.

11 Geier, you have a copy of Exhibit 15, as does

12 counsel for the plaintiffs, and do you recognize

13 this document?

14 A. Absolutely.

15 Q. Let's get some terminology out of the

16 way first. What is the Institute of Medicine of

17 the National Academies?

18 A. It's a subsection of -- the National

19 Academy of Sciences is the most prestigious

20 scientific organization in the United States, and

21 the Institute of Medicine in general has been put

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1 together in order to advise the U.S. government

2 on various issues over the years.

3 Q. All right. Are you familiar with a

4 group within the Institute of Medicine called the

5 Immunization Safety Review Committee?

6 A. Yes.

7 Q. And what is the Immunization Safety

8 Review Committee?

9 A. A group that looks at vaccine problems

10 and immunization problems.

11 Q. All right. And if you would turn into

12 the document to the 5th page, counting the cover.

13 Little Roman numeral five, do you see that?

14 A. Yes.

15 Q. Does that page and the following page

16 identify the actual composition of the

17 Immunization Safety Review Committee?

18 A. Yes it does.

19 Q. And these are familiar names to you, are

20 they not?

21 A. Some of them, yes.

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1 Q. You recognize them as being part of the

2 committee?

3 A. Yes.

4 Q. And you recognize the committee

5 chairperson, Marie McCormick?

6 A. Especially the committee chairperson.

7 Q. Now, am I correct that the Immunization

8 Safety Review Committee has twice studied issues

9 relating to thimerosal-containing vaccines and

10 adverse outcomes, including autism?

11 A. Yes.

12 Q. And the first report of that committee

13 was in 2001, correct?

14 A. Yes.

15 Q. And that is not the report that's been

16 marked in front of you; correct?

17 A. That's correct.

18 Q. Is the 2001 report in your materials?

19 A. I think so.

20 Q. It's quoted at some length in your

21 report; is that not correct?

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1 A. Yes.  
2 Q. And can we refer to that report as the  
3 2001 IOM report?  
4 A. Okay.  
5 Q. And the report that is in front of you  
6 now was issued on or about May 18th, 2004; is  
7 that correct?  
8 A. Yes.  
9 Q. And we can call that either just the  
10 IOM report or the 2004 IOM report; is that all  
11 right?  
12 A. Okay.  
13 Q. Now, in advance of the 2004 IOM report  
14 being issued, there was a public meeting held for  
15 the presentation of certain evidence on the  
16 subject matter, and that was in Washington, D.C.  
17 in February of 2004, is that correct?  
18 A. Yes. I went to it.  
19 Q. Was there a similar meeting in advance  
20 of the 2001 report?  
21 A. I think so. I didn't go to that one,

1 Q. All right. Did she indicate the  
2 subject matter that she wanted you to speak on?  
3 A. Yes.  
4 Q. What did she indicate it to be?  
5 A. Thimerosal and autism.  
6 Q. Was there anything more specific than  
7 that?  
8 A. Yeah, it was very specific. She only  
9 wanted vaccine thimerosal epidemiological autism,  
10 which I objected to. I wanted neurodevelopmental  
11 disorders. Because to me this is, all of our  
12 studies are on, if you read the titles, are on  
13 neurodevelopmental disorders. But she only  
14 wanted autism. And she only wanted  
15 epidemiological, not biochemical or genetic or  
16 any of the other things, the myriad of other  
17 studies that are available.  
18 Q. She only wanted that from you; is that  
19 correct?  
20 A. Yes, and she indicated that -- you  
21 know, this is my fifth time of testifying before

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1 but I did go -- I was an invited speaker at this  
2 one.  
3 Q. So you were not a presenter at the  
4 first one?  
5 A. That's correct.  
6 Q. You were a presenter at the 2004  
7 meeting?  
8 A. Yes.  
9 Q. Now, when did you first learn that the  
10 IOM was going to convene for a second time on the  
11 subject of vaccines and autism?  
12 A. Three, four weeks before February of  
13 2004.  
14 Q. How did you learn that?  
15 A. One of the staff people, I think it was  
16 Kathleen Straten called me.  
17 Q. Staff of what?  
18 A. Staff of this committee, the IOM  
19 committee, and said that she would like us to  
20 present, my son and I to present some of our  
21 epidemiological data.

1 the IOM. And on all previous occasions I had  
2 suggested that I would give them a copy of all of  
3 our literature review since they were undoubtedly  
4 interested in all the literature in the world,  
5 and I offered her that here, and they refused.  
6 They weren't interested in the world's  
7 literature. Only on our epidemiological studies.  
8 Q. Were you invited by telephone call did  
9 you say?  
10 A. Yes.  
11 Q. Did you agree to testify at that time?  
12 A. Yes. I made some requests, but I agreed  
13 to testify subject to the requests.  
14 Q. And what requests did you make?  
15 A. I said I needed a minimum of an hour  
16 and a half, that they needed to invite members of  
17 the Congressional committee that's reviewing  
18 this. That they allow all peer-reviewed  
19 publications to be included in this presentation.  
20 Q. What does that mean?  
21 A. That means they had to take all the

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1 peer-reviewed publications, they couldn't just  
 2 take the three they wanted to hand-pick.  
 3 **Q. You mean accept them for review and**  
 4 **consideration?**  
 5 A. Yes.  
 6 **Q. Did you ultimately provide the**  
 7 **committee with a paper submission in addition to**  
 8 **the oral presentation you made in February of**  
 9 **2004?**  
 10 A. Yes, they told me they couldn't give me  
 11 an hour and a half because, you know, public  
 12 time is short. And I understood that so I said  
 13 how about private time, I'll come and tell you  
 14 what I know privately. They said that was  
 15 against the rules. So then I said how about I'll  
 16 submit all the stuff, and they said, well, we  
 17 can't stop you from submitting it but we're not  
 18 going to consider it. So when I did my  
 19 presentation I did indeed place that on their  
 20 desk so they did get a submission, which they did  
 21 not consider, mostly anyway.

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1 **Q. Did you agree to speak in that**  
 2 **conversation?**  
 3 A. Yes -- well, eventually I did. I said  
 4 I'd get back to them and eventually they did  
 5 indeed invite Congressman Dr. Weldon to speak.  
 6 There was a move on to block the whole happening  
 7 by Congress and by others because this was an  
 8 obvious blatant attempt to sweep things under the  
 9 rug and not to have a hearing. In fact Dr.  
 10 Weldon began the hearing by addressing IOM and  
 11 telling them that we all knew what they were  
 12 doing, they got 3 and a half million dollars from  
 13 CDC to hold a hearing that had such defined  
 14 parameters. We all knew that this was not an  
 15 attempt to get at, to quote it, to paraphrase his  
 16 opening remarks, this was not an attempt to get  
 17 at the truth but rather just sweep it under the  
 18 rug. We all knew this but we all decided we  
 19 would present anyway so they couldn't say we  
 20 didn't present, even though we knew before we  
 21 went there that they were not going to listen to

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1 this absolutely rapidly growing information that  
 2 thimerosal causes problems that comes from the  
 3 major universities in the United States.  
 4 MR. ELLIOTT: Objection, nonresponsive.  
 5 **Q. (BY MR. THOMASCH) You said it was a**  
 6 **blatant attempt to block, to sweep everything**  
 7 **under the rug and to not have a hearing. Did you**  
 8 **misspeak?**  
 9 A. I said it was a blatant attempt to,  
 10 rather than to get at the truth, to sweep the  
 11 truth under the rug. And that's a paraphrase.  
 12 You can get the actual text of Dr. Weldon's  
 13 opening remark. That was my attempt to  
 14 paraphrase his opening remarks before it began.  
 15 **Q. Did you have any role in the**  
 16 **preparation of Dr. Weldon's opening remarks?**  
 17 A. No.  
 18 **Q. Did you see them in advance of them**  
 19 **being delivered?**  
 20 A. No. But I knew his general feeling,  
 21 but I didn't -- I'm not his writer. He can take

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1 care of himself.  
 2 **Q. Did you hear them when he delivered**  
 3 **them?**  
 4 A. Yes.  
 5 **Q. Did you agree with what he said?**  
 6 A. Yes. And in fact they're on the tape,  
 7 part of it's on that WXYZ tape.  
 8 **Q. So at the time that you made your oral**  
 9 **presentation in February of '04, you had formed**  
 10 **an opinion that the body, that the Immunization**  
 11 **Safety Review Committee was not legitimately**  
 12 **attempting to get to the bottom of the scientific**  
 13 **issue, but rather was trying to reach a**  
 14 **preordained conclusion, to quote you, to sweep it**  
 15 **under the rug?**  
 16 A. To quote Dr. Weldon, yes, I was trying  
 17 to quote Dr. Weldon.  
 18 **Q. Okay, and that is your opinion?**  
 19 A. Yes, that's my opinion.  
 20 **Q. Did you have that opinion on the day**  
 21 **that you accepted the invitation to speak?**

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1 A. I had that suspicion. That's why I  
 2 said let me call you back. And I called up  
 3 Weldon and I called up some of the other Congress  
 4 people that are involved in this and I said, what  
 5 do you know about this? I mean, for all I knew,  
 6 maybe they really were going to have a hearing  
 7 that was going to be open. And they said no,  
 8 this is paid for, directed by CDC, so they did  
 9 confirm that they knew enough about it, they had  
 10 enough internal information to know that this was  
 11 not an open hearing, that these people were from  
 12 CDC, that CDC was requesting it, it was 3 and a  
 13 half million dollars paid for. Because when I  
 14 first heard it, I'm not an activist, I'm a  
 15 scientist, so for all I knew maybe Congress had  
 16 assembled an independent panel, but that was not  
 17 the case. We all knew very quickly that was not  
 18 the case here.

19 MR. ELLIOTT: Objection, nonresponsive.

20 Q. (BY MR. THOMASCH) You said it was not  
 21 an open hearing; is that your phrase?

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1 A. If I did, I didn't mean to say that. It  
 2 was open to the public. But this hearing was not  
 3 open to any other finding than the one they made,  
 4 and the finding is obviously and admittedly not  
 5 representative of even what the people said.

6 Q. So the committee had a preordained  
 7 agenda that they were going to come to the  
 8 conclusion that there wasn't a connection between  
 9 thimerosal and autism; is that your testimony?

10 A. Yes, that's my belief, yes.

11 Q. And do you believe they attempted to  
 12 invite individuals who had taken positions  
 13 publicly, such as yourself, that there was such a  
 14 link in order to make it look as though they were  
 15 being fair-minded?

16 A. Yeah, they invited us there so they  
 17 could try to discredit the work, yes. And in  
 18 fact, the work was coming out so fast that they  
 19 couldn't even manage it. Dr. Deth from  
 20 Northeastern and his colleagues from Hopkins and  
 21 Nebraska published during that time and so they

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1 couldn't, I'm sure they would have added him too  
 2 so they could have trashed him as well. But they  
 3 couldn't quite do it. There were so many  
 4 articles coming out from major peer-reviewed,  
 5 major centers in the United States that they  
 6 couldn't even do it. But the attempt was to put  
 7 up some of ours, those that believe the  
 8 thimerosal caused a problem so they could then  
 9 trash the studies.

10 Q. Well, they could have commented on your  
 11 studies without inviting you to speak; could they  
 12 not?

13 A. That wouldn't have looked good. In my  
 14 opinion, that would have been poor form.

15 Q. So it wasn't simply window dressing,  
 16 they were looking for an opportunity in advance  
 17 to trash your studies and felt that to do so they  
 18 needed to invite you to speak; is that your  
 19 opinion?

20 A. Absolutely. In fact, the American  
 21 Academy of Pediatrics had already trashed our

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1 study on an unsigned web attack within days of  
 2 our studies coming out.

3 Q. I want to focus on this period between  
 4 when you were invited to speak and when you  
 5 actually spoke. As I understand your testimony,  
 6 during that time period, which was several weeks,  
 7 you spoke with some individuals connected with  
 8 Congress?

9 A. Yes.

10 Q. To find out what they knew about this  
 11 hearing, correct?

12 A. Yes.

13 Q. At some point in that process you  
 14 learned that in your mind this was not going to  
 15 be a fair hearing, correct?

16 A. Yes.

17 Q. Did you speak with anyone about whether  
 18 or not, in light of that fact, you should decline  
 19 to speak at the hearing?

20 A. Yes.

21 Q. Who did you speak to in that regard?

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1 A. Weldon's staff and Burton's staff.  
2 Q. All right. And what did they advise  
3 you, if anything?  
4 A. They thought that although nothing we  
5 said and when we spoke was going to change what  
6 they were going to say, we all had to play our  
7 part in the forum. That is, it would be bad form  
8 for them not to invite us and it would be bad  
9 form for us not to attend. So they thought it  
10 would be best for us to attend and put it out in  
11 the public, let the press write about it and let  
12 the parents hear it. Because it still was a  
13 hearing. We got up on the stage and people could  
14 hear what we said even though we knew what the  
15 report was going to say.  
16 Q. Were you troubled by what you viewed as  
17 a preordained result to trash your studies before  
18 you spoke?  
19 A. Yes. They continue to do it more now.  
20 Q. Did you speak with other presenters in  
21 advance of the date of the public hearing?

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1 A. I may have spoken to a couple of other  
2 people that were speaking. I don't recall  
3 whether I did or not before or afterwards.  
4 Q. Do you know whether anyone who was  
5 invited to speak and who had previously taken the  
6 position publicly that there was a link between  
7 thimerosal and autism declined to speak?  
8 A. Not that I know of. We had made the  
9 decision that we would all speak.  
10 Q. When your say "we" made the decision,  
11 that's what I'm trying to get at. Who is "we"?  
12 A. Dr. Weldon and the Congressional  
13 committee that had supported some of the work had  
14 asked us to speak. Obviously they don't own us,  
15 and I could have said no, and others could have  
16 said no, but they were encouraging us to speak  
17 anyway. And what they said is Weldon would get  
18 up and set it straight before it begins, and he  
19 did.  
20 Q. Just to be clear, when you say they  
21 encouraged us to speak, you're not limiting the

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1 "us" to yourself and your son, but you're  
2 including Dr. Bradstreet and Dr. Hornig and  
3 others who had published or who had taken the  
4 position that there might be a link; is that  
5 correct?  
6 A. Yeah, I mean, I don't know, I don't  
7 think I had met Hornig at the time in my life,  
8 but I was told that Weldon, to the extent, Weldon  
9 and his office and Burton and his office, to the  
10 extent they had influence, they were going to  
11 ask those who were asked to speak to speak.  
12 Obviously they don't own any of them and maybe  
13 there was one that turned it down, but as far as  
14 I know, everybody did come who was asked.  
15 Q. Can you turn to page 25 of Exhibit 15.  
16 A. Okay. I'm there.  
17 Q. All right. And do you see the caption  
18 the framework for scientific assessment?  
19 A. Yes.  
20 Q. And under that causality?  
21 A. Yes.

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1 Q. And it indicates that well in advance of  
2 this particular hearing the Immunization Safety  
3 Review Committee had adopted a framework for  
4 assessing causality; is that correct?  
5 A. Yeah, in fact, this is the same  
6 framework that goes all the way back to the early  
7 '0s, if you remember the other IOM hearings.  
8 Q. And what they do is they agree that  
9 they will ultimately conclude with one of five  
10 different conclusions?  
11 A. Yes.  
12 Q. And they set those out at page 25,  
13 correct?  
14 A. Yes.  
15 Q. And would you agree with me that the  
16 strongest negative conclusion that the committee  
17 has as a possible conclusion is conclusion 3,  
18 which reads evidence favors rejection of a causal  
19 relationship?  
20 A. Yes.  
21 Q. Now, if you turn to page 16 of the 2004

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1 IOM report marked as Exhibit 15, do you see box  
 2 ES-1, committee conclusions and recommendations?

3 A. Yes.

4 Q. And the first recommendation and first  
 5 conclusion is the scientific assessment  
 6 causality conclusion with respect to  
 7 thimerosal-containing vaccines, the second one  
 8 relates to the MMR vaccine which doesn't contain  
 9 thimerosal, correct?

10 A. Correct.

11 Q. And the first conclusion is, quote, the  
 12 committee concludes that the evidence favors  
 13 rejection of a causal relationship between  
 14 thimerosal-containing vaccines and autism; is  
 15 that correct?

16 A. That is correct.

17 Q. And so the conclusion they reached was  
 18 the strongest negative conclusion available to  
 19 them pursuant to their own preexisting framework  
 20 which goes back to the first meeting of the  
 21 committee on different subject matter, correct?

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1 A. Correct.

2 Q. Now, is it your belief, as you sit here  
 3 today, that they had decided to reach that  
 4 conclusion before they ever held the public  
 5 hearing?

6 A. Yes, and not only that, it's my belief  
 7 that they don't believe it, based on interview of  
 8 Marie McCormick by the Wall Street Journal, in  
 9 which she said everybody on the committee knows  
 10 that thimerosal causes damage, immunological  
 11 damage, and parents should avoid it whenever  
 12 possible. That's published in the Wall Street  
 13 Journal a couple days afterwards.

14 MS. OWENS: Objection, nonresponsive,  
 15 move to strike.

16 Q. (BY MR. THOMASCH) This conclusion  
 17 specifically states that the evidence favors  
 18 rejection of a causal relationship between  
 19 thimerosal-containing vaccines and autism,  
 20 correct?

21 A. Yes.

1 Q. And you understand that autism is  
 2 defined in the study to include autistic spectrum  
 3 disorder, correct?

4 A. Yes.

5 Q. And is it your belief that that finding  
 6 is not only false but is intentionally false?

7 A. Oh, yeah.

8 Q. Now, is it your statement that Marie  
 9 McCormick knows that finding linking  
 10 thimerosal-containing vaccines to autism is  
 11 false?

12 A. I can't get in her head. I'm not sure  
 13 about that. I'm sure that she knows that the  
 14 report is false. But then every statement in the  
 15 report is false. I don't know what her beliefs  
 16 are, her honest beliefs are. But I know that the  
 17 report says they make no recommendation to avoid  
 18 thimerosal, and she made the recommendation to  
 19 avoid, so that's clearly false. The report says  
 20 there's no evidence of any damage and she said  
 21 there was damage. That's false. Whether she

1 actually believes that she's not convinced that  
 2 thimerosal causes the damage, I can't say, but  
 3 it's amazing if she wouldn't be.

4 Q. Okay. And when you say she's made  
 5 these statements, these are statements that were  
 6 published in the Wall Street Journal subsequent  
 7 to May 18th, 2004?

8 A. Yes, I believe they're in one of our --

9 Q. In one of your notebooks?

10 A. Yes.

11 MS. OWENS: I'm sorry.

12 MR. THOMASCH: In one of the notebooks,  
 13 yes.

14 Q. (BY MR. THOMASCH) Do you believe that  
 15 Marie McCormick, the chairperson of the  
 16 committee, was of the mind that she was going to  
 17 have the committee reach the strongest possible  
 18 negative conclusion before the date of the  
 19 hearing?

20 A. Yeah, in fact, I won a case of Coke on  
 21 it. I bet on it before it happened and I won.

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1 Q. Do you believe that the committee --  
2 withdrawn. Do you believe that the Immunization  
3 Safety Review Committee decided on its own to  
4 issue a false report or were they instructed to  
5 do so by someone or something else?

6 A. Let's make it a little softer. They  
7 were in -- they were -- the instructions for  
8 doing this from the CDC were so restrictive that  
9 they could find nothing else. The CDC not only  
10 gave them the 3 and a half million dollars, but  
11 they gave them a sheet of parameters to use, and  
12 that incidentally has been requested under the  
13 Freedom of Information Act and has been refused.

14 But it's my belief that their parameters  
15 were so restrictive and I can't -- since I don't  
16 have it I can't tell you exactly, but it was  
17 something like you can't count the clinical work,  
18 you can't count the laboratory work, you can't  
19 count the monkey work, you can't count the tissue  
20 culture work, you can't count anybody's  
21 epidemiology unless they work for the government,

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1 then go find what you find. It was something  
2 like that. It was so restrictive that you  
3 couldn't have possibly found anything other than  
4 what they found.

5 Q. Was that in writing?

6 A. I believe it was. In fact, they  
7 admitted such a thing exists to Dr. Brian Hooker,  
8 who made a Freedom of Information request. But  
9 they say that that piece cannot be released  
10 because it would adversely affect the findings or  
11 something like that.

12 Q. Who is the "they" in your last answer,  
13 when you say they have admitted that such a thing  
14 exists?

15 A. The answer to his Freedom of  
16 Information request came back that, I don't know  
17 who the officer was that answers that, but the  
18 department of Freedom of Information gave him  
19 everything he wanted except that sheet of paper  
20 and they said it does exist, they can't release  
21 it.

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1 Q. Who is Dr. Brian Hooker?

2 A. He's a federal employee who works in  
3 Seattle, I think, and also parent of an autistic  
4 child, who's been very interested in this, he's  
5 one of the thousands of people that are very  
6 interested in this.

7 Q. Have you had contacts with him  
8 directly?

9 A. I've spoken to him a couple of times.

10 Q. Have you seen the Freedom of  
11 Information request that he made?

12 A. I've seen the answer. I didn't see the  
13 request but I saw the answer.

14 Q. Is a copy of the answer in your  
15 materials here?

16 A. I don't know. If it isn't, we'll  
17 provide it to you.

18 Q. You would have a copy of it?

19 A. If we can find it, we'll provide it to  
20 you. It may be in there. If we still have it,  
21 we'll provide it to you.

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1 Q. I would request a copy.

2 A. Can I make one statement on this? At  
3 the end of this, if anything that you request  
4 that I promised like that, if you would put it on  
5 a memo or something and send it to plaintiff's  
6 attorney, and then he will forward it to me,  
7 we'll make every attempt to answer your request.

8 Q. We will send a letter on.

9 A. Thank you.

10 MR. ELLIOTT: I want the record to be  
11 clear that we have issued a subpoena that has  
12 requested the documents that Merck wants you to  
13 produce. I don't want you to think that we're  
14 giving up our request. I have not seen your  
15 objection so I don't know to what extent you have  
16 said we're not going to produce something or we  
17 object. But I don't want this to be read as  
18 only what he requested in a follow-up letter  
19 we're not going to look at the subpoena.

20 MR. SMITH-GEORGE: But we've produced 17  
21 notebooks and copious amounts of loose paper. We

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1 produced -- even though we object to the subpoena  
2 we produced his entire file. So we're not  
3 disregarding the subpoena, though we object to  
4 the breadth of the subpoena, and I think we've  
5 done our best to produce everything that you all  
6 are entitled to.

7 MS. OWENS: We'll argue that another  
8 time, but just let me state on the record, having  
9 now looked at all these notebooks, I disagree  
10 with you.

11 MR. SMITH-GEORGE: You can disagree all  
12 you want. If he doesn't have it, he didn't bring  
13 it.

14 MR. THOMASCH: I'm not going to get in a  
15 discovery fight now. But I do believe we have a  
16 subpoena out, I am not in a position because I  
17 haven't had a chance to look at the 17 volumes to  
18 evaluate whether or not you've complied with it,  
19 but to the extent you have an objection on  
20 overbreadth, have materials that you're not  
21 producing because you think that what we're

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1 asking is overly broad, I do think we need to  
2 clarify that and have a meet and confer on it if  
3 necessary. You may have an objection but you're  
4 actually not withholding materials because of  
5 that objection, that's a different situation.

6 MR. SMITH-GEORGE: That's what my  
7 position is. We've produced everything that's in  
8 his files despite our objection.

9 MR. THOMASCH: Judge Ward has just made  
10 it very, very clear that we need to make clear  
11 when an objection is made, whether or not things  
12 were withheld because of the objection.

13 MR. SMITH-GEORGE: We're not  
14 withholding any documents that I know of. You  
15 can go through your subpoena request if you want  
16 to, and there may be, one thing I know -- I say  
17 we're not withholding anything. There was one  
18 request for all documents related to any  
19 rejections of articles. We did bring one  
20 regarding the review --

21 MS. OWENS: Excuse me, can we do this

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1 off the video record?

2 MR. THOMASCH: We'll finish up.

3 MR. SMITH-GEORGE: Let me finish this.  
4 Expert review of vaccines, we didn't produce all  
5 of the rejections or modifications of every  
6 publication he's ever had because he has a  
7 problem with doing that because of the whole  
8 double blind peer review process. And we didn't  
9 produce some of the VSD data because he signed  
10 confidentiality agreements with VSD, with the  
11 HMOs. We didn't provide the VAERS data because  
12 he signed confidentiality agreements.

13 So there are some things that we haven't  
14 produced that when you go through the subpoena  
15 you'll find out why we haven't produced them.  
16 It's not because we're maintaining -- the reason  
17 why they're not being produced is because there  
18 is a confidentiality reason why we can't produce  
19 them.

20 MR. THOMASCH: That I would ask, the  
21 specifics of what is being withheld under the

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1 grounds of confidentiality be identified to us so  
2 we know what we're talking about and then we can  
3 deal with each other in the first instance and  
4 the Court if necessary thereafter.

5 MR. SMITH-GEORGE: Let me just clarify  
6 for the record, I have no objection to producing  
7 that material if the defendants get the agreement  
8 from the VSD, the HMOs, the IRBs, and all the  
9 people that he signed confidentiality agreements  
10 with saying he wouldn't produce that material.

11 MS. OWENS: Excuse me, has he brought  
12 with him today those confidentiality agreements?

13 MR. THOMASCH: That was my question.

14 MR. SMITH-GEORGE: No, he has not.

15 MR. THOMASCH: All right. I would ask  
16 for the production of those confidentiality  
17 agreements so we understand what restrictions  
18 there may be and what process one may need to go  
19 through.

20 Q. (BY MR. THOMASCH) Do you have any  
21 understanding or opinion as to who at the CDC

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1 made the decision to put restrictions on the type  
2 of evidence that the Immunization Safety Review  
3 Committee could and could not accept?

4 A. Yeah, it's this vaccine group at the  
5 CDC, the immunization group at the CDC. It's a  
6 group of relatively small number of people, I  
7 don't know, 15, that -- and when I say CDC  
8 throughout this deposition, that's who I mean.

9 Q. Okay, can you --

10 A. I don't have a problem with the CDC in  
11 general. In fact, there are many, many people in  
12 the CDC who agree with me. I have a problem with  
13 this small group of vaccine -- the vaccine  
14 immunization group at the CDC.

15 Q. All right. Now, there is a national  
16 immunization program at the CDC; are you familiar  
17 with that?

18 A. Yeah, that's who I mean.

19 Q. That's who you mean?

20 A. Yes.

21 Q. Are there any individuals there who you

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1 can identify by name that you believe are  
2 involved in this?

3 A. Robert Chen, Brenier, Destefano, those  
4 are the three that come to mind immediately from  
5 that program.

6 Q. And --

7 A. A little more peripherally, Robert  
8 Davis.

9 Q. Now, going back to Exhibit 15, and  
10 looking at the committee, you have indicated that  
11 you know of Marie McCormick. Who else do you  
12 know of?

13 A. Well, on the second page of the thing is  
14 Richard Johnston, he's a particularly  
15 interesting person to have on the committee. He  
16 was at Simpsonwood. He's the gentleman who on  
17 the Simpsonwood transcript said that he wouldn't  
18 give the vaccine to his children, a  
19 thimerosal-containing vaccine to his children,  
20 but he didn't want to tell the rest of the world  
21 about it. I think that would disqualify him if I

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1 were putting together a committee that was  
2 supposed to have no previous knowledge of this.  
3 He sat through two days of the Simpsonwood  
4 hearings where they discussed their own findings  
5 that showed an association and discussed how they  
6 were going to make this association go away and  
7 how this should never get out and how there  
8 should be a secret meeting. I don't think he can  
9 be qualified.

10 Q. This committee, you indicated you have  
11 testified before this committee on five  
12 occasions, correct?

13 A. Six now, I believe. This was the fifth  
14 one.

15 Q. Six, and only one of those pertained to  
16 thimerosal and autism; is that correct?

17 A. Well, the sixth one had sort of an odd  
18 pertaining to thimerosal. The sixth one, which  
19 happened after the February one, was on why are  
20 they going to come out and why are they going to  
21 say we can't see the VSD data. We all know -- it

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1 hasn't come out but I'll make a prediction on the  
2 record, they're going to come out with some  
3 excuse why we should not be allowed to see their  
4 data, and there's a 7th one that going to come  
5 out that says why we can't use the intermediate  
6 data sets and all those memos inside that say  
7 that they agree with us. They really are busy  
8 beavers trying to use the IOM to cover their tail  
9 and it doesn't work.

10 MS. OWENS: Motion to strike. The  
11 answer is nonresponsive to the question.

12 Q. (BY MR. THOMASCH) All right. The -- so  
13 the two times that you've had testimony that  
14 somehow relates to the question of  
15 thimerosal-containing vaccines and autism are  
16 both in 2004, correct?

17 A. Yes.

18 Q. The preceding times related to other  
19 issues?

20 A. Yes, DTP and other -- and VAERS, other  
21 issues, other vaccine issues.

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1 Q. And the committee goes back how far, do  
2 you know?

3 A. With me or -- the earliest one I know on  
4 vaccines was in 1985 when they recommended  
5 removal of whole-cell DTP. That's the first one  
6 I'm aware of. There may have been others before  
7 that.

8 Q. Do you know whether some of the  
9 individuals currently on the committee were  
10 previously on the committee in connection with  
11 those other reports?

12 A. Other than staffers, I think this is a  
13 new committee.

14 Q. Do you know when this committee was  
15 appointed?

16 A. Yeah, about three or four years ago.  
17 They've had a whole series of hearings on  
18 vaccines, all of which say the same thing.  
19 Vaccines cause nothing, vaccines cause nothing,  
20 and you know what else, vaccines cause nothing.

21 Q. Do you think that these individuals were

1 them about; is that correct?

2 A. I've not been shy about it, nor has the  
3 Congressman nor has the Office of Independent  
4 Counsel, nor has the Inspector General. They've  
5 all been very vocal about saying this report  
6 notwithstanding, we better investigate for  
7 possible criminal action as well as complete  
8 mishandling of the vaccines, and we gave you  
9 those memos.

10 MS. OWENS: Objection to the  
11 responsiveness.

12 Q. I want to read to you one sentence out  
13 of the February 9th, 2004 transcripts of your  
14 remarks, and ask you if you remember making the  
15 statement. The statement at page 182 of the  
16 transcript is, quote, what is occurring here is a  
17 cover-up under the guise of protecting the  
18 vaccine program. Do you recall that?

19 A. Yeah, and I'm for the vaccine program,  
20 and if you keep covering it up you're not going  
21 to have a vaccine program. And I'm pleading with

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1 selected because they had that point of view or  
2 were they fair-minded individuals who were then  
3 either constrained to come to out with that view  
4 or told to come out with that view?

5 A. I don't know which of the two, but one  
6 of the two. Because the things they've come out  
7 with, in addition to this, things that I'm not  
8 even necessarily related to are outrageous and  
9 have later been shown by numerous subsequent work  
10 to be wrong.

11 Q. So for whatever the reason, in your  
12 opinion, the current composition of the  
13 Immunization Safety Review Committee is not a  
14 group of fair-minded objective scientists whose  
15 work product reflects their honest beliefs as  
16 scientists; is that correct?

17 A. Yeah, it hasn't worked. We haven't  
18 gotten an honest hearing. Which is not what I  
19 would say about some of the earlier ones.

20 Q. All right. Now, that position is a  
21 position that you haven't been shy about telling

1 them don't kill the vaccine program, come out,  
2 come clean. That's what I'm saying.

3 Q. I'm trying to understand, the cover-up  
4 is the product of direction from the national  
5 immunization program of the CDC?

6 A. Funded and influenced by the vaccine  
7 companies as well as the American Academy of  
8 Pediatrics funded and influenced by the vaccine  
9 manufacturers as well as the Brighton members  
10 funded and influenced by the vaccine  
11 manufacturers, yes.

12 Q. And do you view the European agency, the  
13 EMEC, as part of the same cover-up or simply  
14 involved in its own separate cover-up that  
15 happens to have the same result?

16 A. There's an overlap. I mean,  
17 historically they actually came to the CDC and we  
18 have -- we've provided you with documents with  
19 that saying they were the reason why the 1999  
20 recall, the announcement that you showed me came  
21 about was the Europeans said you better do this,

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1 and they got them going on it. So they know  
2 about it.

3 But on the other hand, they also have  
4 some culpability. Even though a lot of their  
5 members have outlawed thimerosal, they still have  
6 a problem that some of their members still have  
7 thimerosal and they're not going to come out and  
8 say that thimerosal caused damage. They have a  
9 parallel, an overlapping causation reasons.

10 Q. You referred to yourself as a, quote,  
11 independent researcher, correct?

12 A. Yes.

13 Q. Do you recognize the name Margaret  
14 Bauman?

15 A. Yes.

16 Q. Who is Margaret Bauman?

17 A. She's a pediatrician, I believe, who  
18 published a paper in Pediatrics. When we  
19 published our paper in the Journal of American  
20 Physicians and Surgeons, the American Academy of  
21 Pediatrics attacked us viciously in an unsigned

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1 website piece, and one of the things they quoted  
2 was her paper, and one of the things they said in  
3 the attack on us was why we didn't comment, if  
4 we're so knowledgeable in the field, why didn't  
5 we comment on her paper. It was published after  
6 ours. I don't have a time machine is the reason.  
7 She basically in that piece said there is no  
8 autism epidemic and ethylmercury and  
9 methylmercury, ethylmercury bad, ethylmercury  
10 good. Those are both indefensible from  
11 scientific literature.

12 MS. OWENS: Objection to the  
13 responsiveness of the answer. Please confine  
14 yourself to --

15 THE DEPONENT: That's what he asked me.  
16 And I tried to answer it.

17 Q. (BY MR. THOMASCH) Is Margaret Bauman  
18 affiliated with the child's -- children's  
19 neurology service of Harvard Medical School?

20 A. I believe so.

21 Q. Do you recognize Karen B. Nelson?

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1 A. That's the other author, Nelson and  
2 Bauman were the two that wrote those, yes.

3 Q. All right. Do you understand her to be  
4 from the neuroepidemiology branch of the  
5 National Institute of Neurological Disorders and  
6 Stroke?

7 A. Yes.

8 Q. Do you need a break?

9 A. Sorry.

10 Q. Would you like some water?

11 A. I've got my Diet Coke.

12 MR. THOMASCH: Let me have marked as  
13 Exhibit 16 an article coauthored by Drs. Nelson  
14 and Bauman.

15 (Deposition Exhibit No. 16, article  
16 by Drs. Nelson and Bauman entitled thimerosal and  
17 Autism, was marked.)

18 Q. (BY MR. THOMASCH) Now, in asking you  
19 if you knew who Margaret Bauman was, you made  
20 reference to an article. Is Exhibit 16 the  
21 article to which you were referring?

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1 A. Is this one from Pediatrics?

2 Q. Yes.

3 A. Yes, this is it. I believe this is  
4 correct, yes, sir.

5 Q. Do you know how long Dr. Bauman has  
6 been involved in the scientific study of autism?

7 A. For some time. I don't know how long.  
8 But many years.

9 Q. Do you consider her a, quote,  
10 independent researcher?

11 A. I don't know. I don't know enough  
12 about her funding sources at the moment to make a  
13 comment on that. I can only comment that her  
14 opinions as expressed in this paper are  
15 laughable. There's no epidemic, it's increased  
16 diagnosis? That's absurd.

17 Q. All right. You indicated that they  
18 were laughable. At the time they were published,  
19 and this indicates that it was accepted for  
20 publication December 2, 2002, and copyrighted in  
21 2003, do you see that on the first page?

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1 A. Yes.  
 2 Q. At that time, do you believe that these  
 3 opinions could have been the product of an  
 4 honest review of the medical literature and a  
 5 fair analysis according to this individual  
 6 author's opinions?  
 7 A. Could have been honest. I don't know  
 8 her motivation. I just know the opinion is, you  
 9 know, not supported by the scientific fact, and  
 10 in fact, you could take a nonscientist off the  
 11 street and know that it's not true, go to any  
 12 school and see it's not true.  
 13 Q. Looked at this way, if this is an  
 14 honest opinion as of this date as set forth in  
 15 Exhibit 16, does it reflect severe incompetence  
 16 on the part of the author?  
 17 A. Yes.  
 18 Q. So either the author is severely  
 19 incompetent but honest, dishonest, or a  
 20 combination of the two?  
 21 A. Yes.

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1 Q. But a competent, fair-minded and expert  
 2 author could not come to these conclusions at the  
 3 date of this article; is that your testimony?  
 4 A. Yeah, you could not come to the  
 5 conclusion there's no autism epidemic. It's been  
 6 published out of the state of California by their  
 7 own services. It's been published in JAMA. It's  
 8 been published in Pediatrics. And you don't have  
 9 to publish because you can look at any education  
 10 department statistics, you can go to any school,  
 11 there are schools now reporting more buses with  
 12 handicapped children than normal children. This  
 13 epidemic cannot be swept under the rug. This is  
 14 the greatest iatrogenic epidemic that has ever  
 15 occurred and it will not be swept under the rug.  
 16 And you can't take that position.  
 17 MR. ELLIOTT: Objection, nonresponsive.  
 18 Q. (BY MR. THOMASCH) All right. The  
 19 article goes well beyond a discussion of whether  
 20 there is or is not an epidemic of autism, does it  
 21 not?

1 A. Yes.  
 2 Q. In particular the article indicates  
 3 that the symptoms of autism and the symptoms of  
 4 mercury poisoning are dissimilar; is that  
 5 correct?  
 6 A. In three of them or something, they  
 7 argue with three or four out of the hundred.  
 8 They don't dispute the other 96 that Redwood and  
 9 her authors reported. In fact, I use that in my  
 10 talk, in fact, I try to be fair. When I show the  
 11 hundred or so symptoms I always say that if  
 12 Pediatrics was here, American Academy, they would  
 13 say they dispute four of them, so I'll buy that  
 14 and say it's only similar 96 out of a hundred.  
 15 It's part of my talk. I don't think they're  
 16 right, but it's overwhelming the similarities  
 17 between the two. That incidentally doesn't prove  
 18 it. I've always said that. But they're  
 19 overwhelming.  
 20 Q. Does their observation to the contrary  
 21 reflect either dishonesty or incompetence?

1 A. No, I think they may honestly believe  
 2 that those four are slightly different, and maybe  
 3 they are, as I said.  
 4 Q. They weren't purporting to limit their  
 5 analysis to those, were they?  
 6 A. What they're trying to do in this paper  
 7 is convince you that the autism epidemic was not  
 8 caused by the vaccines. That is incompetent or  
 9 bought off or a combination thereof. The  
 10 evidence of the association between the two is so  
 11 overwhelming, as I said in the statement you  
 12 quoted before, it's not -- there's no scientific  
 13 dispute here. All that's going on here is just  
 14 the cover-up. And you guys are protecting the  
 15 vaccine program and if you keep covering it up,  
 16 you're not going to have a vaccine program.  
 17 MR. ELLIOTT: Objection, nonresponsive.  
 18 Q. (BY MR. THOMASCH) Are you aware of the  
 19 discussion in the Bauman and Nelson paper with  
 20 respect to similarities or differences between  
 21 ethylmercury and methylmercury?

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1 A. Yes.

2 Q. Is it your view that the statements in  
3 that regard and the conclusions reached by the  
4 authors are patently inaccurate?

5 A. Yeah, they either didn't look them up on  
6 Medline or they didn't read them or they didn't  
7 want to hear about it. Because, again, papers  
8 are papers. I didn't publish them. They've been  
9 published all over the world in all sorts of  
10 animal and human systems. It doesn't hold up.  
11 There are just so many papers that it doesn't  
12 hold up. You can't just simply declare that  
13 they're different when there are 20 to 30 papers  
14 in pigs and cows and sheep and mice and rats and  
15 monkeys and humans and anything else I'm sure I  
16 left out, like I like to call it, ants to  
17 elephants, it's been shown.

18 Q. Are you familiar with the phrase  
19 peer-reviewed literature?

20 A. Yes, I am.

21 Q. And peer-reviewed journals?

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1 A. Yes, I am.

2 Q. Is Pediatrics, within which the Bauman  
3 and Nelson article was published, a peer-reviewed  
4 journal?

5 A. Yes, it is.

6 Q. What does that mean?

7 A. It means that the articles are  
8 submitted double blind, if they do it correctly,  
9 to people that the journal picks out to be  
10 experts, and they recommend changes and/or  
11 whether the article should be accepted with  
12 changes, without changes, whatever. I'm not  
13 sure, incidentally, if this is a peer-reviewed  
14 article. I'm not saying it isn't. But many  
15 journals' commentary are not peer-reviewed. They  
16 may be editorial reviewed. So I don't know if it  
17 is or isn't. Some journals peer-review  
18 commentary, some journals don't peer-review  
19 commentary. I'm not criticizing that, by the  
20 way, but just for the point, I'm not sure this  
21 was a peer-reviewed article.

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1 Q. Let me briefly go back to the IOM 2004  
2 report, Exhibit 15, page little Roman numeral 7,  
3 do you see there, the reviewers?

4 A. Yes.

5 Q. Do you understand that those  
6 individuals were asked to review the report  
7 before it issued?

8 A. Yes.

9 Q. And in fact played the role in a sense  
10 of the peer reviewers?

11 A. Yes, and I have problems with who's on  
12 that list as well.

13 Q. And what problems do you have in that  
14 regard, just briefly?

15 A. Well, we've got Neil Halsey, he's the  
16 gentleman who in the, what I call the hepatitis  
17 review -- hepatitis control article said he's not  
18 leaving until the companies and the CDC and the  
19 FDA agree to announce the damage they've done to  
20 the children and to announce to every  
21 pediatrician and every doctor. He's also the one

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1 that said in the New York Times, if I had been  
2 able to calculate the amount of thimerosal in  
3 micrograms, I would have never let this happen.  
4 He's also the one that attacked the Verstraeten  
5 article. But he's also the one that on many  
6 occasions has defended and tried to hide what's  
7 going on here.

8 So he's sort of a fence-sitter, but he's  
9 not a disinterested party. He's the head of an  
10 institute at Johns Hopkins that's supposed to be  
11 vaccine safety which he claims is independent,  
12 but was set up totally on money provided by the  
13 vaccine manufacturers, as he said in his sworn  
14 testimony. I happened to have been there at the  
15 time.

16 Q. Do you know who selected these  
17 reviewers to peer-review the IOM report before it  
18 was issued?

19 A. No.

20 Q. Do you believe these individuals were  
21 picked because of preexisting views that were

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1 consistent with the preordained results that you  
2 testified the CDC wanted to have?

3 A. I have no idea. Peter Meyers I believe  
4 is from George Washington, he's an attorney. I  
5 don't know all of these people, I don't know why  
6 they were picked. But the report is highly  
7 controversial and has been challenged on the  
8 floor of Congress and has been challenged by, as  
9 I said, the IG, the Inspector General of HHS  
10 itself and the President's Office of Independent  
11 Counsel and everyone else because it contains  
12 things that no scientific report can contain such  
13 as no further studies should be done along these  
14 lines. I've never read that in my entire life.  
15 It contains that children should not be treated  
16 for mercury toxicity even though the labs say  
17 they're mercury-toxic. It's an outrageous  
18 report. In fact, it coalesced the fence-sitters  
19 to oppose the vaccine manufacturers. This was a  
20 mistake.

21 MR. ELLIOTT: Objection, nonresponsive.

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1 Q. (BY MR. THOMASCH) You're aware, are you  
2 not, that the AAP statement, the CDC statement,  
3 and the EMEA statement that we previously looked  
4 at from 2004 all make reference to the IOM report  
5 as supporting their position?

6 A. Oh, sure.

7 Q. Do you believe that the IOM was  
8 attempting to influence those agencies or  
9 organizations in that way?

10 A. No, I think that the organizations,  
11 particularly the CDC, had this IOM report  
12 specifically tailored to cover their tail, and it  
13 had the opposite effect. In reality it's going  
14 to ultimately have the opposite effect. It's so  
15 outrageous that nobody's going to ever buy it.

16 Q. Do you know an individual by the name of  
17 Dr. Andrew Zimmerman?

18 A. No.

19 Q. Do you know an individual by the name of  
20 Dr. Sarah Parker?

21 A. No, at least not off the top of my

1 head.

2 Q. Have you ever -- withdrawn.

3 MR. THOMASCH: Ask the reporter to mark  
4 as Exhibit 17 an article captioned  
5 Thimerosal-Containing Vaccines in Autistic  
6 Spectrum Disorder: A Critical Review of  
7 Published Original Data, the lead author of which  
8 is Sarah K. Parker, M.D., accepted for  
9 publication May 19, 2004, and appearing in the  
10 September 3, 2004 journal of Pediatrics.

11 (Deposition Exhibit No. 17, article  
12 entitled Thimerosal-Containing Vaccines in  
13 Autistic Spectrum Disorder: A Critical Review of  
14 Published Original Data, was marked.)

15 A. I'm familiar with this article. I'm  
16 very familiar with this article. And there's  
17 going to be a withdrawal, a retraction agreed to  
18 by the journal.

19 Q. (BY MR. THOMASCH) All right. Well,  
20 let's cover that briefly then. You have read  
21 this before?

1 A. Very -- in very minute detail, yes,  
2 especially the section as related to our work.

3 Q. And this article, as I understand it,  
4 reviews and comments on all of the published  
5 epidemiological data that addresses the issue of  
6 whether or not thimerosal-containing vaccines may  
7 potentially cause autistic spectrum disorders and  
8 neurodevelopmental disorders; is that correct?

9 A. That's correct.

10 Q. And included among the articles that  
11 are reviewed and methodologies which are  
12 discussed are articles that you are an author of;  
13 is that correct?

14 A. That's correct.

15 Q. Would it be fair to say that the  
16 position published in this article is highly  
17 critical of the methodologies employed in your  
18 articles?

19 A. Yeah, it's more than that. It calls us  
20 liars. It says that we don't have the data.

21 See, they went too far this time. So our lawyer

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1 has sent to the journal a threat to sue them and  
2 they are retracting that because it looks silly  
3 when they say we don't have the data, he sent  
4 them a copy of it on their own letterhead with a  
5 cover letter saying how we are allowed to use it.  
6 These people have slandered us and the journal  
7 has agreed, I think it's in the January issue, to  
8 issue a retraction. They got a little  
9 overzealous this time. It's one thing to say you  
10 don't like somebody's article, you don't believe  
11 they did it right. It's another thing to call  
12 them liars. That's what they did here and we're  
13 not liars. We have the data, we have everything  
14 that we said we have.

15 **Q. Who is your lawyer?**

16 **A.** Cliff Shoemaker represented us in this,  
17 writing a letter to them telling them that we  
18 were going to sue them for slander, both the  
19 journal and the individual office. And it's open  
20 and shut because he sent them a copy of what they  
21 said we didn't have.

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1 **Q. Where in the article is the slanderous**  
2 **statement in your opinion?**

3 **MR. ELLIOTT:** Dan, could you add that  
4 letter to your request for documents?

5 **Q. (BY MR. THOMASCH) Withdraw that prior**  
6 **question momentarily and let me ask you, the**  
7 **letter that you sent, did it go to the named**  
8 **authors or did it go to Pediatrics?**

9 **A.** It went to the named authors and  
10 Pediatrics and I believe the universities.

11 **Q. Is that letter, to your knowledge,**  
12 **within the materials that you have brought here**  
13 **today?**

14 **A.** I don't think so.

15 **Q. All right.**

16 **A.** And I don't know if I'm allowed to  
17 release it or not.

18 **Q. Is this article within the materials**  
19 **that you have brought here today?**

20 **A.** I don't know. I don't think so.

21 **Q. All right. This is an article you're**

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1 **familiar with, and it specifically comments on**  
2 **your studies on the very issue of general**  
3 **causation that you're an expert to testify about,**  
4 **correct?**

5 **A.** Yes.

6 **Q. Now, I need to get an understanding of**  
7 **what types of rules you follow as to when**  
8 **something goes in your file or not in your file.**  
9 **Why would this article not be in your file if**  
10 **it's commenting specifically on your articles**  
11 **that are in your file?**

12 **A.** I think I brought you papers, you asked  
13 me, if I understand in your subpoena, you asked  
14 me to bring papers on which I relied for my  
15 opinion. I don't rely on this paper for my  
16 opinion.

17 **Q. Okay. Do you have any additional**  
18 **materials that you feel are unreliable, you**  
19 **disagree with and have not produced for that**  
20 **reason, but addressed the subject matter of**  
21 **general causation and have been reviewed by you**

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1 **in the time that you're interested in this**  
2 **matter?**

3 **A.** That's not fair. I have articles that  
4 not only disagree with me but agree with me that  
5 I didn't rely on. You're trying to imply that I  
6 throw out everything that I disagree with, and  
7 that is of course false.

8 **Q. I'm implying nothing. I'm asking you**  
9 **questions to see if I can find out facts. I need**  
10 **to understand the parameters of what we're**  
11 **calling your complete file which you brought with**  
12 **you and what else may exist that has bearing on**  
13 **the issue of general causation and which you have**  
14 **reviewed, even if you don't rely on it?**

15 **A.** I have reviewed thousands of articles,  
16 both pro and con, mostly pro, because there  
17 aren't thousands of con on thimerosal. Some of  
18 them I've kept copies of, some of them I don't  
19 have copies of. If I didn't consider it to be  
20 part of what I relied upon -- for example, if you  
21 want a list of some of them, if you look in my

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1 peer-reviewed publications, you'll see, you can  
2 take any one you want, you'll see a list of  
3 references, typically, I don't know, 30, 40  
4 references in an average paper, 50 references.  
5 I've looked and read all those papers. I haven't  
6 brought you all of those papers. But I have read  
7 them and they do relate to that article.

8 **Q. But do you have copies of them?**

9 A. Some of them maybe, some of them not.

10 **Q. I want to make clear that we will not be**  
11 **asking you to go retrieve from libraries copies**  
12 **of papers you've read in the past but don't**  
13 **possess, but to the extent that you have read**  
14 **papers and reviewed papers in the process that**  
15 **has led to your reaching conclusions that you're**  
16 **going to testify here, we would like to see**  
17 **copies of those papers, whether or not you,**  
18 **quote, rely, end quote, on them.**

19 MR. SMITH-GEORGE: I'm going to object  
20 to that request. First of all, it was not in  
21 your subpoena. And secondly, I don't think he

1 you?

2 A. Yes.

3 **Q. And now ask you again if you could**  
4 **identify which part of it you say says that you**  
5 **lied and is slanderous?**

6 A. Yes, I'll try to find it for you. Okay.  
7 If you're on page 796, are you with me?

8 **Q. I am.**

9 A. It's the -- the paragraph sort of in  
10 the middle. Subsequential -- substantial  
11 questions regarding the accuracy of the  
12 denominated data for the incidence calculation  
13 also exist. The denominator requires the total  
14 number of children in the United States --

15 **Q. Slowly.**

16 A. -- who received thimerosal-containing  
17 DTaP (exposed) and the total number who received  
18 thimerosal-free DTaP (unexposed). The authors  
19 indicated the source of these data as the  
20 Biological Surveillance Summaries of the CDC.  
21 However, CDC reports only aggregate doses

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1 has to produce everything he's ever read in his  
2 life. If he says it's not forming the basis of  
3 an opinion, I don't think you're entitled to it.

4 THE DEPONENT: In addition I've --

5 MR. THOMASCH: We'll take up discovery.  
6 disputes off the record.

7 THE DEPONENT: I've identified them for  
8 you. I don't have to copy them. You can look  
9 those up in any library. The ones that I  
10 reference in my papers as references to my paper  
11 are available in any public library. I don't see  
12 that I have to go find them for you. If there's  
13 one you can't find, I'll find it for you. But  
14 you send your staff to look up the three or four  
15 hundred papers that I've referenced. I told you  
16 what they are. I've even told you what is  
17 important to me about them. Because you know, it  
18 says such and such reference 7. I told you what  
19 that says. Go look it up if you want to see it.

20 **Q. (BY MR. THOMASCH) Let me take you back**  
21 **to Exhibit 17, is that the article in front of**

1 distributed for DTaP and other vaccines and  
2 provides no manufacturer-specific data. It is  
3 unclear how the authors estimated manufacturer-  
4 specific data because, on the basis of agreements  
5 with manufacturers, CDC does not release these  
6 data. No source is cited in the publication.  
7 The authors provide no detail on how DTaP doses  
8 distributed were translated into number of  
9 children vaccinated.

10 Well, our papers do say where we got  
11 them, and they do say specifically that we were  
12 precluded from giving you the company names and  
13 the numbers by our agreement with the CDC. I  
14 have those numbers on letterhead from the CDC  
15 under cover of their employee. Those who read  
16 this section will believe that we were lying, we  
17 could not have done the work that we did, and  
18 they're right. If we did not have those numbers,  
19 we could not have done the work that we did. And  
20 they damn well knew we had those numbers.

21 And the Academy of Pediatrics website

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1 also said this, but that was unpublished and  
2 unsigned and we let it go. This one's published  
3 and it's signed and it's not going to go. And in  
4 fact, the journal has already sent us a memo  
5 saying they're going to withdraw that part.  
6 Whether we're going to take that as enough to not  
7 sue them, I don't know, but clearly they're  
8 wrong, and it's prima facie wrong. I mean, we  
9 sent them a copy of the paper. How can they say  
10 we don't have it? Here they are. How dare they  
11 say that we're lying.

12 MS. OWENS: I'm sorry, do you mean to  
13 tell me that you sent them a copy of the data?

14 THE DEPONENT: We sent the CDC, and in  
15 with our lawyer's letter he sent them a copy of  
16 the piece of paper that proves that we have what  
17 we said we have, and proves that they slandered  
18 us. The journal looked at it, asked for more  
19 time, and now says they're going to print a  
20 retraction because it's obvious on this piece of  
21 paper that we have what they say we don't have.

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1 In fact, what they said we couldn't have.

2 MS. OWENS: Excuse me, the journal of  
3 Pediatrics, you sent that material to Pediatrics?

4 THE DEPONENT: We sent that to each of  
5 the people we're threatening to sue, Pediatrics,  
6 each of the authors, and the CDC and their  
7 universities.

8 MS. OWENS: The confidential  
9 information that you were not supposed to give  
10 out?

11 THE DEPONENT: The confidential  
12 information that we're not supposed to have.  
13 See, you get an agreement and then you go tell  
14 people you have it, you don't have an agreement  
15 anymore. As our letter said, we're not holding  
16 to that anymore. You go tell the world that we  
17 don't have it, then we don't have it. Good for  
18 you. Are you going to come after me for  
19 releasing data that you published that I don't  
20 have to call me a liar? Come on. Bring it on.  
21 You're not going to do that.

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1 MS. OWENS: So as you say --

2 THE DEPONENT: We sent it from our  
3 lawyer to their lawyer, we sent that information  
4 to prove to them that they were lying, not us.  
5 By the way, they had the information, it's their  
6 information. I haven't given it to the public,  
7 but I may.

8 MS. OWENS: They and all of those  
9 statements, assume the CDC --

10 THE DEPONENT: To each of these authors  
11 on this paper, that signed off on this paper that  
12 we were lying, to each of the universities from  
13 which they listed, to the journal that approved  
14 this trash, and to each member of the CDC whose  
15 name is on here. That's who we sent it to. They  
16 all have it anyway.

17 MR. THOMASCH: All right. I'd like to  
18 mark the next exhibit a document from Medical  
19 Science Monitor authored by Mark R. Geier and  
20 David A. Geier, and published in 2004.

21 (Deposition Exhibit No. 18, document

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1 from Medical Science Monitor authored by Mark R.  
2 Geier and David A. Geier, was marked.)

3 **Q. (BY MR. THOMASCH) Do you recognize**  
4 **Exhibit 18?**

5 A. Yes. It's one of our papers on  
6 thimerosal.

7 **Q. Now, what I need to ask you is whether**  
8 **this paper is the paper that is the subject of**  
9 **what you say is the lie that appears on page 796**  
10 **of Dr. Parker's paper marked as Exhibit 17?**

11 A. 796? I'm sorry, I closed that one up  
12 already.

13 **Q. All right. Go to 796 about the data in**  
14 **the biological surveillance summaries of the CDC.**

15 MS. OWENS: Page 796?

16 MR. THOMASCH: Yes.

17 **Q. Of Exhibit 17, contains a paragraph on**  
18 **it that you said was slanderous, correct?**

19 A. Yes.

20 **Q. It is referring to questions of**  
21 **accuracy of denominator data, the data being**

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1 **biological surveillance summaries of the CDC;**  
2 **right?**

3 A. Yes.

4 **Q. Exhibit 18 is a document that is a**  
5 **medical article that you authored; correct?**

6 MR. SMITH-GEORGE: The paragraph here's  
7 talking about DTaP and DTP? And what you handed  
8 to him is an article about MMR.

9 MR. THOMASCH: I think it's part about  
10 the MMR, but also in part about  
11 thimerosal-containing vaccines. It's both.

12 THE DEPONENT: I interpreted that  
13 comment, that slanderous comment to apply to all  
14 of our papers, all of our papers involving  
15 comparing thimerosal-containing vaccines, DTaPs,  
16 to nonthimerosal-containing, so that would be the  
17 paper in Experimental Biology and Medicine, the  
18 paper in the Journal of American Physicians and  
19 Surgeons, I think this one, the Journal of  
20 Pediatric Rehabilitation. There may be some  
21 more. If you want more I'll look at my CV. I

1 down the page, Geier, DA, Geier, MR, 2004-A. Do  
2 you see that reference on page 157 of the IOM  
3 report? The page numbers are on the upper  
4 right-hand column.

5 MR. SMITH-GEORGE: Just to make your  
6 life easier.

7 **Q. (BY MR. THOMASCH) Happy to show you**  
8 **the book if you want.**

9 A. Okay.

10 **Q. 157, in the Geier and Geier articles, it**  
11 **would be the fifth one.**

12 A. Okay.

13 **Q. Do you see what is being referred to**  
14 **there as 2004-A there?**

15 A. Yes.

16 **Q. That article is what has now been marked**  
17 **as Exhibit 18, is it not?**

18 A. Yes.

19 **Q. All right. Now let's go back to page 55**  
20 **of the IOM report discussing Exhibit 18?**

21 A. Okay.

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1 think it applied to all of them. It's certainly  
2 true of all of them. If I did not have that  
3 information I could not have done the  
4 calculations on any of those.

5 **Q. (BY MR. THOMASCH) Let me take you back**  
6 **to Exhibit 15, which is the 2004 IOM report.**

7 A. Okay.

8 **Q. Would you turn to page 55, please?**

9 A. Okay.

10 **Q. Within the section of epidemiologic**  
11 **studies that begins at page 53, do you see where**  
12 **on page 55 there is a discussion of studies from**  
13 **the United States?**

14 A. Yes.

15 **Q. The first study referenced is Geier and**  
16 **Geier, 2004-A, correct?**

17 A. Yes.

18 **Q. Now, if you turn to page 157 of the**  
19 **exhibit, of the IOM report?**

20 A. Yes.

21 **Q. You will see about a third of the way**

1 **Q. The IOM report says that Geier and**  
2 **Geier examined the hypothesized association**  
3 **between exposure to TCVs -- that's**  
4 **thimerosal-containing vaccines, correct?**

5 A. Yes.

6 **Q. -- and autism using data on distributed**  
7 **vaccine doses from the CDC's biological**  
8 **surveillance surveys (BSS) and case loads of**  
9 **children with autism who are enrolled in special**  
10 **education programs in the U.S. Department of**  
11 **Education (DOE) reports, do you see that?**

12 A. Yes.

13 **Q. Now it discusses that article and the**  
14 **results that you have there, correct?**

15 A. Yes.

16 **Q. And on the carry-over discussion on**  
17 **page 56, at the end of the paragraph that carried**  
18 **over from 55, it states, does it not, that**  
19 **because the BSS only provides aggregate data on**  
20 **doses distributed, it is not possible to**  
21 **determine individual level exposures. Do you see**

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1 that?

2 A. Yes.

3 Q. Criticism was made about that data and  
4 your use of that surveillance data by the IOM as  
5 well as by Dr. Parker; is that correct?

6 A. I don't read it that way. I read that  
7 you can say that you don't know the individual  
8 exposures. But that's not what they said. They  
9 said we don't have the denominators. Maybe they  
10 meant to say that. Maybe I should be angry at  
11 the IOM too. But I didn't read it that way. I  
12 read it they wanted individual exposures, like  
13 you go and look at each case. And that's true,  
14 we didn't look at each case. What the Pediatrics  
15 paper says is we didn't have the denominators.

16 Q. Okay. So that you consider to be a lie?

17 A. That's a straight out lie.

18 Q. Bear with me. If we go to page 57 of  
19 the IOM report, the first full paragraph relating  
20 to your studies says, the IOM says, these studies  
21 are characterized by serious methodological

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1 problems; do you see that?

2 A. Yes.

3 Q. Are you familiar with that criticism of  
4 your work?

5 A. Yes.

6 Q. Do you believe that criticism was  
7 dishonest?

8 A. Yes.

9 Q. All right. We're running out of time on  
10 the tape.

11 A. But not slanderous. They're entitled  
12 to the opinion that our methods are not very  
13 good. They're not entitled to tell people we're  
14 lying. There's a difference, as I tried to  
15 explain to you before you showed me this. You  
16 can say that you don't agree with it, that you  
17 think that there are flaws in our methods but --

18 Q. Do you think --

19 A. -- you can't say that we don't have that  
20 data we said we have.

21 Q. The question I have for you is on the

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1 IOM, do you understand them to be reasonably  
2 disputing the methodology as they understand it,  
3 or attempting to disparage you and not have  
4 people pay attention to you by claiming there are  
5 methodological problems that they know are not  
6 true?

7 A. I don't take that personally. They said  
8 that about every single person that caused a  
9 link. That's another thing that's ridiculous in  
10 this. They said it about Haley, they said it  
11 about Bradstreet, they just went down the whole  
12 list of everybody that came and they said their  
13 methodology has problems and over here we have  
14 the studies sponsored by the drug companies, and  
15 those are fine, and by the way, they have  
16 methodological problems that are unbelievable.  
17 We counted inpatient, outpatient they lost  
18 people out of the link, the registry.

19 MR. THOMASCH: We're losing the tape.

20 MR. ELLIOTT: Objection, nonresponsive.

21 THE VIDEOGRAPHER: The time is now 3:20

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1 p.m. We are now off the record.

2 (A recess was taken from 3:20 p.m.  
3 to 3:38 p.m.)

4 MR. THOMASCH: Before we go on the  
5 videographic record I want to note something on  
6 the stenographic record. While we took a brief  
7 break counsel for all of the other defendants  
8 approached me with regard to the timing issues  
9 we're faced with. None have asked me to stop  
10 examining the witness on the subject matter. It  
11 is subject matter that they also believe we need  
12 to examine the witness on.

13 On the other hand, they have all made  
14 clear to me that they have individual areas of  
15 concern particular questions on studies and on  
16 matters referenced in Dr. Geier's report that  
17 they are extremely interested in asking and then  
18 indeed they wish to review manufacturers'  
19 specific documents and ask documents that relate  
20 to their particular client. We are in something  
21 of a dilemma because from our perspective there

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1 is woefully insufficient time to thoroughly  
2 examine or even appropriately in any way examine  
3 this witness given the scope of the expert  
4 deposition and the amount of materials at issue  
5 before us.

6 We will at the conclusion of the seven  
7 hours of course break for the day. We will ask  
8 for plaintiff's counsel's stipulation to  
9 continue and we will seek a remedy from the Court  
10 if we can't reach an agreement. But I do want at  
11 least to put on the record that in moving  
12 forward, I do so cognizant of the fact that our  
13 co-defendants, my co-defendants have not yet had  
14 an opportunity to question, and I am not  
15 intending, that they have not delegated to me the  
16 right to ask questions about their clients or  
17 their particular concerns whatsoever. And so  
18 we're simply faced with a time crush at the  
19 moment that I'll note on the record without  
20 expecting that we'll solve it as we sit here  
21 today.

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1 MR. SMITH-GEORGE: I can guarantee we  
2 will not solve it. It is the plaintiff's  
3 position that the rules of court allow you seven  
4 hours. It's up to the defendants how you  
5 allocate that time. If you want additional time,  
6 I suggest you need to ask the Court for it,  
7 because the plaintiffs are not going to  
8 stipulate.

9 MR. THOMASCH: We will ask the Court.  
10 All right. Let's go back on the record.

11 MR. SMITH-GEORGE: And we'll oppose.

12 THE VIDEOGRAPHER: The time is now  
13 3:41. We are now on the record. This is the  
14 beginning of videotape No. 4.

15 MR. THOMASCH: Ask the reporter to mark  
16 as our next exhibit a document bearing the  
17 caption Michael Skevofilax versus Aventis  
18 Pasteur, Inc., plaintiff's expert witness  
19 designation.

20 (Deposition Exhibit No. 19,  
21 plaintiff's expert's witness designation in

1 Skevofilax vs. Aventis Pasteur case, was  
2 marked.)

3 Q. (BY MR. THOMASCH) Dr. Geier, you've  
4 been provided what has been marked as Exhibit 19,  
5 which is plaintiff's expert witness designation  
6 in the Skevofilax case pending in the Circuit  
7 Court for Baltimore City. I will represent to  
8 you that this document was served upon the  
9 defendants more than a month ago, specifically on  
10 the 7th of October 2004. When were you first  
11 retained by Mr. Waters in any case?

12 A. I think we established that before on  
13 that cover letter.

14 Q. What was the date on that?

15 A. I don't recall. I don't even know  
16 where it is. I don't want to waste your precious  
17 time looking for it.

18 Q. Well, that's fine. I think  
19 that's --

20 MR. SMITH-GEORGE: Let me clarify for  
21 the record that the document that was handed to

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1 me, the certificate of service is October 7th,  
2 2004.

3 MR. THOMASCH: I intended to say that.  
4 Did I say something different?

5 MR. SMITH-GEORGE: You said September.

6 MR. THOMASCH: October 7th, more than  
7 one month ago.

8 MS. WOODBURY: It's the stack of  
9 e-mails, I think it's over there, it's the thing  
10 that has the bibliography, I think that's it.

11 MR. SMITH-GEORGE: That's it in your  
12 hand.

13 Q. (BY MR. THOMASCH) What exhibit is  
14 that, sir?

15 A. Five.

16 Q. Exhibit 5, what is the date on the  
17 e-mail?

18 A. This doesn't seem to be the e-mail for  
19 asking me to be a witness. Am I reading it  
20 wrong?

21 MR. SMITH-GEORGE: Yeah, that's it.

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1 A. Okay. Yeah, okay, you're right. So  
2 it's September 9th, 2004.

3 Q. (BY MR. THOMASCH) All right. And at  
4 that time when you agreed to be a witness it was  
5 on, as you understood it, general causation; is  
6 that correct?

7 A. Yes.

8 Q. Did you understand what case you would  
9 be asked to testify in?

10 A. As I said before, I understood that  
11 they had a number of cases, that they had two  
12 that they were considering, one in Baltimore, one  
13 in Texas. I don't even think I got the names. I  
14 basically said when you decide on which one, I  
15 want to see the medical records before I agree to  
16 testify.

17 Q. And ultimately am I right you never saw  
18 medical records relating to Michael Skevofilax?

19 A. I have not to this day, that's correct.

20 Q. And prior to me showing it to you, have  
21 you ever seen plaintiff's expert witness

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1 designation, their first expert witness is Mark  
2 R. Geier, M.D., Ph.D.

3 A. No.

4 Q. So you've never read this document?

5 A. No.

6 Q. Were you aware that for some number of  
7 week there was an agreement between the parties  
8 that are here today that you would be produced to  
9 testified today in the Michael Skevofilax case?

10 A. As I told you, they asked me for some  
11 dates so that they could be provided to you.  
12 This was one of them. I held the date. I didn't  
13 know which case I was coming from or even if we  
14 would come today until a couple days ago for  
15 sure.

16 MR. THOMASCH: Let me ask the reporter  
17 to mark as our next exhibit a one-page document,  
18 this is a printout from the Wall Street Journal  
19 online May 19, 2004.

20 (Deposition Exhibit No. 20, printout  
21 from the Wall Street Journal online May 19,

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1 2004, was marked.)

2 Q. (BY MR. THOMASCH) Show you what has  
3 been marked as Exhibit 20 in this deposition, and  
4 ask you if you would just look that over.

5 MR. SMITH-GEORGE: For the record,  
6 there's a box in the bottom of this, and I don't  
7 know what was there at the time it was on the  
8 site, it looks like it was some sort of graphic,  
9 it doesn't appear on this printout. To that  
10 extent it's not an accurate representation what  
11 was on the website.

12 A. Okay.

13 Q. (BY MR. THOMASCH) All right. You see  
14 the date on this, May 19, 2004?

15 A. Yes.

16 Q. That is the day following the issuance  
17 of the 2004 IOM report; correct?

18 A. Yes.

19 Q. This is a review and outlook piece in  
20 the, from the Wall Street Journal online; is  
21 that right?

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1 A. Appears to be.

2 Q. And it was at page A-18 of the written  
3 version of the Wall Street Journal; do you see  
4 that under the heading vaccine vindication?

5 A. Yes.

6 Q. The first sentence says, kudos to the  
7 Institute of Medicine which yesterday brought  
8 science back into the emotional debate over  
9 vaccine. It goes on, its definitive report  
10 disavowing any link between childhood shots and  
11 autism will provide welcome reassurance to  
12 millions of parents, and should also head off a  
13 growing liability mess; do you see that?

14 A. Yes.

15 Q. Do you recall reading this piece in the  
16 Wall Street Journal?

17 A. I've read several, many pieces in the  
18 Wall Street Journal on this site. I don't know  
19 if I read this specific one, but I know the Wall  
20 Street Journal has been very supportive of saying  
21 there's nothing to this and it's all over.

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1 Q. Now, you mentioned a comment by  
2 Dr. McCormick in the Wall Street Journal earlier  
3 in your testimony today; do you recall that?  
4 A. Yeah, that's why I chose her comment in  
5 the Wall Street Journal because I don't think  
6 anybody could say the journal was favorable to  
7 SAFEMINDS, let's say. But she still was quoted  
8 in the Wall Street Journal as saying everybody in  
9 the committee knew that it causes at least  
10 neurological damage, and parents should avoid the  
11 vaccine when possible.  
12 Q. Looking at the third paragraph of the  
13 article that we have in front of us, it states,  
14 quote, part of the National Academy of Sciences,  
15 the IOM was asked to investigate all of this and  
16 yesterday rendered its verdict. "The  
17 overwhelming evidence from several well designed  
18 studies indicates that childhood vaccines are not  
19 associated with autism," said Marie McCormick,  
20 the Harvard doctor who led the review committee.  
21 Do you see that?

1 Q. (BY MR. THOMASCH) It says, quote, the  
2 committee doesn't dispute that mercury-containing  
3 compounds can be damaging to the immune system  
4 said Dr. McCormick. She said parents should  
5 choose a thimerosal-free vaccine if one is  
6 available, but if it isn't, parents should have  
7 their children vaccinated anyway. Is that the  
8 quote that you recall?  
9 A. Yes, and that's what we asked the  
10 report to say, but the report says that no  
11 preference should be shown, and that thimerosal,  
12 there's no evidence thimerosal causes any damage,  
13 yes, that's the quote.  
14 Q. All right. This doesn't indicate, does  
15 it, that thimerosal in vaccines causes  
16 neurologic injury, it says the committee doesn't  
17 dispute that mercury-containing compounds can be  
18 damaging to the immune system?  
19 A. Then it says to avoid the thimerosal in  
20 the vaccines.  
21 Q. All right. Let's take it one sentence

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1 A. Yeah, I see it.  
2 Q. Is that the same Marie McCormick which  
3 you think was quoted to the contrary in the Wall  
4 Street Journal?  
5 A. Yes.  
6 Q. Can you tell me when she was quoted to  
7 the contrary?  
8 A. I don't know the exact date. It's among  
9 our papers I'm sure that we've given you. It was  
10 within that time frame, within a couple weeks, I  
11 don't know, but it's in there. She had to get  
12 her story straight.  
13 Q. Okay. In your notebook you have an  
14 article from the Wall Street Journal from the  
15 same date headed Vaccine-Autism Link Is  
16 Discounted. And I can show it to you but I'll  
17 read to you because I think this may be the quote  
18 you're now referring to.  
19 MS. OWENS: And for the record, Dan,  
20 it's notebook A.  
21 MR. THOMASCH: Thank you, Diane.

1 at a time.  
2 A. Let's take it as the whole quote.  
3 Q. I'll ask the questions if you don't  
4 mind.  
5 A. Go ahead.  
6 Q. The question here is as follows:  
7 Dr. Mechanic was quoted as saying the committee  
8 doesn't dispute that mercury-containing compounds  
9 can be damaging to the immune system. Do you  
10 believe that is inconsistent with what was stated  
11 in the Immunization Safety Review Committee?  
12 A. In the context of her next statement,  
13 yes. And the next statement is in direct  
14 contradiction to what the report said. The  
15 report specifically says no preference should be  
16 shown for thimerosal-containing versus  
17 thimerosal-free vaccines. You can't spin the  
18 second one. She said the parents should avoid  
19 them when possible. I agree in some  
20 circumstances, if you have no choice, I told you,  
21 some parents may well give them ones with

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1 thimerosal. But that's not what that report  
2 says.  
3 **Q. She didn't in her quote say in some**  
4 **circumstances, did she? She said if one is**  
5 **available, but if it isn't, parents should have**  
6 **their children vaccinated anyway?**  
7 **A. Yes. But that's not what the report**  
8 **says. The report says it makes no difference.**  
9 **And she's telling them to avoid it when possible.**  
10 **And that's a very big difference. That would**  
11 **have made the report to those of us, the**  
12 **overwhelming majority of the independent**  
13 **scientists in this country, it would have made us**  
14 **much more receptive to that report if at least**  
15 **she had said that, because in Congress there was**  
16 **a bill that said when available we should buy**  
17 **thimerosal-free vaccines. If not available, buy**  
18 **either. And it was turned down because that**  
19 **report says it doesn't make any difference. But**  
20 **she said you should do that.**  
21 **MR. ELLIOTT: Objection, nonresponsive.**

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1 **Q. Am I correct that in the article she**  
2 **does not say anything about the alleged link**  
3 **between thimerosal-containing vaccines and**  
4 **autism?**  
5 **A. I think it's implied that it's the**  
6 **vaccines because the next statement says you**  
7 **should avoid the vaccines, when possible.**  
8 **Q. How do you explain the comment in the**  
9 **same day's Wall Street Journal by Dr. McCormick,**  
10 **quote, the overwhelming evidence from several**  
11 **well designed studies indicates that childhood**  
12 **vaccines are not associated with autism?**  
13 **A. The quote is that she's inconsistent,**  
14 **she's a little bit worried that, you know, if**  
15 **there was any justice in the world, she's damaged**  
16 **some children, so she tells the parents to avoid**  
17 **it when possible. That's not the person that**  
18 **wrote that report. That report says no**  
19 **possibility, no further research, do not care**  
20 **whether it's in there, no further looking into**  
21 **it. That's not the same person talking. That**

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1 makes her to me totally disingenuous as the head  
2 of the institute.  
3 **MR. ELLIOTT: Object to the response.**  
4 **Q. (BY MR. THOMASCH) Is it consistent with**  
5 **the report to say to the Wall Street Journal, the**  
6 **overwhelming evidence from several well designed**  
7 **studies indicates that childhood vaccines are not**  
8 **associated with autism? Is that comment**  
9 **consistent with the findings of this report?**  
10 **A. Yes.**  
11 **Q. When you were asked to make a**  
12 **presentation to the IOM, you were specifically**  
13 **asked to discuss epidemiology; is that correct?**  
14 **A. Yes.**  
15 **Q. Were -- was the person that asked you**  
16 **to make the presentation aware, to your**  
17 **knowledge, that you had done an analysis of the**  
18 **vaccine safety data link study?**  
19 **A. I don't know. I'm sure they were aware**  
20 **of our VAERS analysis and our Department of**  
21 **Education. I don't know if they knew what we had**

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1 done on the VSD or whether we would comment on  
2 it.  
3 **Q. Was it your initial or original**  
4 **intention to comment on your analysis of the**  
5 **vaccine safety data link during your presentation**  
6 **on February 9th, 2004 to the IOM committee?**  
7 **A. No, I was -- my initial thought was I**  
8 **was reticent to do that.**  
9 **Q. Did you ever indicate to anyone, prior**  
10 **to February 9, 2004, that you were going to**  
11 **include a discussion of the VSD data in your**  
12 **presentation?**  
13 **A. Well, there may have been a slide that**  
14 **we submitted. The slides that we were going to**  
15 **show were submitted some days before, I don't**  
16 **know exactly how much before.**  
17 **MR. THOMASCH: We'll ask our reporter to**  
18 **mark as our next exhibit a one-page document**  
19 **indicating a press release for immediate release,**  
20 **February 9, 2004, with the caption CDC Vaccine**  
21 **Data Leads Scientists to Shocking Discovery.**

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1 (Deposition Exhibit No. 21, February  
2 9, 2004 press release, was marked.)  
3 MS. OWENS: Is this Exhibit 20?  
4 MR. THOMASCH: 21.  
5 Q. (BY MR. THOMASCH) Dr. Geier, you're  
6 being shown Exhibit 21; do you see that?  
7 A. Yes.  
8 Q. Now, when did you first submit any  
9 written materials to the IOM committee?  
10 A. I don't know. Several days or maybe  
11 weeks before, but I don't know the exact date,  
12 unless it's on one of the things.  
13 Q. Do you know whether as early as January  
14 2004 you submitted written information to the  
15 committee?  
16 A. Seems like that's too long ahead, but I  
17 don't recall.  
18 Q. Do you remember whether any of the  
19 written materials you submitted to the IOM  
20 committee contained relative risks that you  
21 derived from your analysis with your son David on

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1 the vaccine safety data link data?  
2 A. I don't know.  
3 Q. Have you seen the press release marked  
4 as Exhibit 21 before?  
5 A. I don't think so. I've seen things  
6 like this before. I don't know if I've seen this  
7 one. It's not a remarkable discovery. Since --  
8 Q. There's no question pending, Doctor.  
9 A. Sorry.  
10 Q. The subheadline, if it can be called  
11 the same, states children 27 times more likely to  
12 develop autism with exposure to mercury-  
13 containing vaccines, findings reviewed at today's  
14 IOM meeting in D.C. Do you see that?  
15 A. Yes.  
16 Q. The first sentence indicates that the  
17 IOM will hold a meeting. So this press release  
18 was obviously in the morning of February 9,  
19 correct?  
20 A. I guess so.  
21 Q. Well, it's written that way, isn't it,

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1 that the Institute of Medicine will hold a  
2 meeting today?  
3 A. Yes.  
4 Q. Says one of the larger studies under  
5 review comes from the CDC's own vaccine safety  
6 data link. Now, you're familiar with that study  
7 and that data, correct?  
8 A. I'm familiar with that data.  
9 Q. It says under independent investigation  
10 CDC's data concludes children are 27 times more  
11 likely to develop autism after exposure to three  
12 thimerosal-containing vaccines (TCVs) than those  
13 who receive thimerosal-free versions. Do you see  
14 that?  
15 A. Yes.  
16 Q. The third paragraph says Dr. Mark Geier  
17 is the lead investigator in the discovery. Do  
18 you see that?  
19 A. Yes.  
20 Q. Did you, quote, discover that CDC's  
21 data indicates that children are 27 times more

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1 likely to develop autism after exposure to three  
2 thimerosal-containing vaccines than those  
3 children who receive thimerosal-free versions?  
4 A. Yes, I don't know if I'd call it  
5 discover. That's what our findings were. As I  
6 said, it's not a big discovery. CDC's own what's  
7 called ground zero data shows that.  
8 Q. You have published on the subject of  
9 the vaccine safety data link data, correct?  
10 A. No. I don't think we've ever published  
11 that data.  
12 Q. Not that finding. Have you made --  
13 have you had any publications that use as source  
14 material information from the vaccine safety data  
15 link?  
16 A. As I recall, I don't think we have  
17 anything published yet that has that source.  
18 Maybe I'm wrong, but my recollection is that we  
19 don't.  
20 Q. Have you submitted any -- have you  
21 prepared any articles that show that, this 27

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1 times more likely to develop autism accusation?

2 A. Well, there was a little bit of VSD  
3 data in the expert review article that we  
4 discussed that was accepted and then pulled. It  
5 was about, I don't know, 2 percent of the whole  
6 article. There was one brief piece on that. I  
7 don't know if it said 27 because it depends on  
8 how you look at it, whether you look at it  
9 overall or you look at it in segments. But  
10 that's what we found. The reason --

11 Q. Why have you not published it?

12 A. The reason I'm reticent to publish it is  
13 I'd like to complete the study. And since the  
14 CDC chose to destroy our database and chose to  
15 have us kicked out, even though we were there at  
16 the request of Congress, I like to do complete  
17 studies, I have a reputation of doing complete  
18 studies, I publish all over the world, and I  
19 don't really, although I was pushed to make a  
20 comment at the IOM, because they wanted to know  
21 what did you see, what did you see, I wasn't

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1 ready to publish it really in a form, a complete  
2 study. And I hope to publish it in the future  
3 when I get to see the rest of it. And I am  
4 promised that I will be able to see the rest of  
5 it to see if it's true or not.

6 Q. So at this point in time you don't have  
7 enough information from the vaccine safety data  
8 link project to allow you to reach conclusions on  
9 that subject?

10 A. Not at the level of publishing it as a  
11 study, that's right. Not that particular look  
12 anyway. There was some comments made by Dr.  
13 Davis at the IOM criticizing what we looked at.  
14 We know his comments were wrong but we wanted to  
15 see if there was some validity to them and if we  
16 should, you know, every time someone brings up a  
17 new way, you want to go back and look at it. So  
18 we were going to go back and look and see if  
19 there was any tendency to what he said. Of  
20 course, they wouldn't let us back in and they  
21 destroyed the database. But I'm open to honest

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1 construction, that's what you do in peer review.  
2 A peer reviewer may say go back and run this  
3 thing, run that thing. Part of his was an attack  
4 on us. Part of it was a constructive suggestion,  
5 and went back to look and lo and behold, they  
6 locked us out and destroyed the database. I  
7 couldn't do it yet. But now after a year's  
8 fighting I may well be able to do it again.

9 Q. Let me ask you, there were certain  
10 restrictions that were placed on you in order to  
11 have any access to the vaccine safety data link  
12 data; is that correct?

13 A. Yes.

14 Q. Where did you physically review the  
15 data?

16 A. In a suburb of Maryland, Hyattsville,  
17 Maryland, they have a data center there.

18 Q. When did you review it?

19 A. In November, December time period of  
20 2003.

21 Q. Can you explain approximately how much

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1 time you had with the data?

2 A. Yeah, we were there a total of four  
3 days. I can't tell you the exact hours, but like  
4 nine to five for four days or nine to four or  
5 nine to three for four days.

6 Q. So you were working in a room?

7 A. Yes.

8 Q. How was the data presented to you, in  
9 electronic form or in paper?

10 A. No, electronic.

11 Q. And who was with you?

12 A. The first time we had one monitor, and  
13 the second time we had two monitors. After all  
14 we are dangerous people.

15 Q. "We" being yourself and your son?

16 A. The second time actually I was unable to  
17 attend so it was my son and Karl Vale -- Karl  
18 Vale -- Vale Kernick is an SAS, has some  
19 knowledge of SAS. It's in an unusual program  
20 language called SAS.

21 Q. What is SAS?